



MAX EITINGON, M.D.  
1880-1943





## IN MEMORIAM

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Max Eitingon played an outstanding, unforgettable part in the history of psychoanalysis although his name is not connected with the development of any special part of psychoanalytic theory. This is due to a personality in which two elements were predominant: an intense sensitivity and the urge to give his help to all those who needed it.

His sensitivity which was heightened by a slight speech-defect made him withdraw from all publicity except on very rare and special occasions. His knowledge and experience, his profound understanding of psychoanalysis, and his unusual intellectual powers would have enabled him to make many valuable contributions to the psychoanalytic literature, as everyone knows who had the opportunity to work with or under him. It was because of his severe self-criticism, fostered by this extreme sensitivity, that almost none of his contributions penetrated beyond his immediate surroundings. On the other hand his sensitive mind did provide him with an unusual degree of intuition. His place was not in the lecture hall and still less as a participant in passionate and noisy disputes. In small circles or, best of all, in conversations 'under four eyes', his great ability manifested itself. Although it became generally known how much the psychoanalytic movement owed to his able management from behind the scenes, only a few could appreciate his activity. Always conciliatory in his tone, untiring in his attention to the smallest detail, tactful, and persistent, Eitingon made himself indispensable whenever a conflict threatened or a difficult problem of organization had to be solved.

It need not be emphasized that his gift for intuitive understanding gave him a great advantage in his analytic work, especially when he had to deal with sensitive persons. Few analysts have been equally successful in their therapeutic effort

with female patients. On the same basis he achieved splendid results in his teaching which he did exclusively as a supervising analyst, never as a lecturer.

His second character trait, the utmost readiness to give help, manifested itself at all times and everywhere. In the wide circle around the Berlin Institute and Policlinic, whoever needed help or advice, or merely sympathy and understanding, came to Eitingon. He gave financial aid and support to a great many, but money never played any but a secondary rôle; it never was—as it is so often with rich men—a means to buy humanity off by charity. He gave his time, his thought, his interest, with the same quiet, unostentatious eagerness. It must not be supposed that this inexhaustible kindness made him one of those weak characters who fall for any hard luck tale or who can be molded to anyone's wishes. Quite the contrary was the case. Behind his benevolence and amiability stood an iron will, silent but absolutely unyielding.

Many men and women were bound to him for life by the ties of lasting gratitude, and he requited their feelings; to get into intimate relations with those who had never appealed for his help was however more difficult for him. He had few friends, perhaps only one—Professor Freud—for whom he felt the deepest devotion and a passionate personal attachment which was fully reciprocated.

The center of Eitingon's psychoanalytic interests and the focus of all his activities was the Berlin Psychoanalytic Institute which he founded in collaboration with Abraham and Simmel in 1920. He was not only its founder and leader, but its heart and soul until it broke down under the weight of Nazi brutality. He gave to the Institute all he had: money, time, work, ideas. He superintended the therapeutic work, trained younger assistants, won new friends, arranged schedules, helped collect a library, worked out statistics, edited annual reports, supervised finances, smoothed out conflicts, and was attentive to the smallest detail, down to the hanging of a picture or the choice of a letter-head. All this he did in his retiring and unobtrusive manner, but those who were per-



manently connected with the Institute knew what it—and they—owed to him.

The intensity of his work had no damaging effect on Eitingon's other interests. When he studied medicine, his interest turned soon to psychiatry and psychopathology. He went to Zürich and got the full profit of Bleuler's teaching. Here, in 1909, he was made an M.D. and became first acquainted with psychoanalysis. Before, he had worked in the fields of philosophy, history, and literature as a student at various famous German universities; his knowledge in these and related fields was much greater than that of the average well-educated layman. He always returned to these interests, and his large library was not a mere showpiece. His unusual gift for languages was a great help in expanding his studies. He was able to read Russian as well as German, Polish, French, English, and Hebrew. With all his learning and reading, he was too hospitable to lock himself up permanently in his library. His home became a social center in which men of letters, scientists, and artists met.

The mutual tenderness and respect between him and his wife added to the charm of their home. Mrs. Eitingon, possessing artistic talents and taste, was a famous hostess and shared all the intellectual pursuits of her husband—except psychoanalysis.

For his relatives Eitingon had the ardent devotion which is a characteristic of the old, patriarchal Jewish family. Jewish tradition and piety, if not religiosity, formed an intrinsic part of his life. Every cultural Jewish activity attracted his attention, especially the aims and enterprises of Zionism.

When the catastrophe came in Germany, Eitingon had to leave the place where for fourteen years he had worked untiringly for the good of humanity and science. He moved to Jerusalem where he founded a Psychoanalytic Institute which doubtless was run on similar lines to the one that had been destroyed. Only sparse news of his activity there reached this country, but they were sufficient to prove that his energy had remained undaunted and unimpaired and that the new Insti-

tute flourished under his able leadership. His work there was cut short by a heart disease, to which he succumbed on July 30th, 1943 at the age of sixty-three. Thus he fulfilled a desire—held by so many of his pious forebears—to die in Jerusalem.

HANNS SACHS

### MAX EITINGON

Soon after I came to Burghölzli in the summer of 1907, I heard of Max Eitingon, who I was told had come to Burghölzli as a *Volontär* (voluntary assistant) only recently. As time went on, I heard numerous allusions, all of a kindly nature, to Eitingon. I was curious to know why some of the assistants called him Oblomov, a nickname given him, I am quite sure, by Jung. When I asked who this Max Eitingon was, I was told that he was a Russian medical student; when I asked why he was called Oblomov, I was asked whether I had ever read that Russian classic. As I had not, I was told that Oblomov, the hero of the book, represents a typical Russian character: a person very enthusiastic about things and full of promises to do this and that, but doing nothing in the end. Had it not been for Max Eitingon I would probably never have read this classic.

But, when I met Eitingon in the fall, I did not agree with the characterization. I could see, however, why the nickname was in some small degree justified. Eitingon impressed me at our first meeting as a very genial and very kindly person who was always ready to coöperate and help in whatever was brought to him. He retained these characteristics throughout his whole life. Because of this generous nature, he sometimes undertook more than he could fulfil, and that undoubtedly was the reason for the nickname. It was used in Burghölzli without any idea of disparagement, for everybody liked Eitingon; but everybody asked, 'Why does he not take the examination and get his medical degree?', or 'He has not yet written that paper on Dostoevski which he promised so long ago'. There was no doubt that Max Eitingon was somewhat



inhibited, but judging his life by the accomplishments of the average man, even that of the average follower of Freud, he achieved more than the share allotted to him. We cannot forget his services to the psychoanalytic movement as the prime mover and supporter of the Berlin Institute.

I, therefore, say *vale* to Max Eitingon, with whom I shared many pleasures and vicissitudes, Eitingon the most sympathetic and generous friend, who sacrificed most of his time and much of his fortune to help others, Eitingon who always spoke well even of those who hardly deserved it. With his death we have lost one of the most prominent pioneers and most active benefactors of the psychoanalytic movement of the first generation.

A. A. BRILL

## THE ACCEPTED LIE

BY RUTH MACK BRUNSWICK (NEW YORK)

It is commonly asserted that women deviate more readily from the truth than men. The feminine reaction to such a statement is twofold: indignant denial on the one hand and, on the other, evasion, which somehow implies unconscious agreement. It is this latter attitude which would make it seem that the special choice of untruthfulness as a common and normal feminine trait deserves further scrutiny.

My clinical material was obtained unexpectedly and abruptly from a man treated by me some years ago. One day he entered my office and, still standing at the door, exclaimed: 'You are the damnedest liar I have ever known!' I was familiar with this man's irritability, but I was puzzled by the suddenness and severity of his outburst, which appeared without apparent analytic or external provocation like the product of a vast, eruptive force.

The early portion of the hour was filled with what the patient insisted were my lies. These were obviously projections on the part of an individual who had always made ample use of this mechanism. During these periods of projection the patient was singularly lacking in what at other times seemed, even for a compulsive individual, a high degree of true insight. Projection and insight alternated like a see-saw.

As the anger wore off, the type of accusation came into relief. My 'lies', which, the patient asserted, were those of most women, were lies of denial and omission. Thus, according to him, I had (untruthfully) denied having made certain important statements: I had failed to tell him this or that condition of analysis, possibly in order to trick him into coming to me. The implication was that if in these instances he had known the truth he would have had nothing more to do with me.

Invariably whatever I supposedly had said or left unsaid was a falsification of the facts in the direction of their denial. The



patient confronted me with statements which I was obliged to deny because in reality I had not made them. But the patient was sure I had made them. At last it became clear that he was confusing himself with me. He was prone, for example, to forget to answer a letter and then to deny that he had forgotten or indeed that he had received the letter in the first place. He was frequently guilty of petty negligence which obliged him to seek devious ways out. In part he gratified his inner necessity to lie by creating these situations, in part by projecting the lies upon women to whom he was sexually attached and later in the analytic situation upon me.

'Women', he said at last and, oddly enough, he was speaking at this moment not of my untruthfulness but of his own, 'are always denying their faults, their misdeeds. They tell you they haven't been to dinner with so-and-so. They haven't been so long at the hairdresser's. They assure you they haven't even dreamed of being unfaithful, and when you confront them with the evidence they still deny it. They just keep on saying it isn't so.'

On this note the resistance broke, and the patient began discussing his relation to a younger sister. He had always quarreled with her; but here even his customary ambivalence reached particular heights. He stressed her great physical beauty, and their mutual and lifelong antagonism. Memories and cover memories showed beyond any doubt the existence of an old and intense relation between brother and sister.

At this point the patient reiterated an assertion which had always puzzled me and which I was inclined to question. He insisted that he loved the female genital, that he found nothing unpleasant or, in his own words, frightening about it. But he added: 'What I really love is the genital of very little girls'.

It now becomes apparent that this patient, like many another little boy, had been confronted at an early age by incontestable evidence of the nature of the female genital. He had been exposed to the sight of his mother's genital as well as that of servant-girls. His reaction as reflected in his neurosis was to



turn from the mother to the father in an extremely passive rôle. There was also evidence of what more closely resembled an active homosexual attitude toward a younger brother.

But the birth of the little sister made a new distribution of the phallic genital possible, although in a direction contrary to the customary one. This patient apparently accepted his mother's castration but not that of his sister. He remarked that the whole area of the small girl's genital (meaning the *mons veneris* and *labia majora*) was protuberant, as protuberant as a penis. The absence of pubic hair further emphasized its phallic appearance. Much as this patient consciously enjoyed the female genital, he was aware of an aversion to pubic hair.

The entire genital of the young female child thus was labeled phallic by the patient and accepted on that basis. But this construction is after all merely a variation of the little boy's insistent denial of the castration of any or all women. It is however a very pronounced form of denial, which goes so far as to make desirable exactly that which is undesirable and traumatic. Many of my subsequent observations were possible because of the high degree to which this patient employed those early and primitive mechanisms of denial and projection so widely used even in normal childhood.

We are all familiar with the little boy's attempt to escape the reality of female castration, at first by its complete denial and next by its particular or partial distribution, as illustrated by the fantasy that every grown-up has a penis and only some children have not. The adult man cannot however maintain this denial without great detriment to his psychic health. Its traces are to be found throughout the neuroses; and in the psychoses and perversions it achieves its height, as in fetishism.

We know that at an early age the normal boy, in his struggle to accept this particular reality, succeeds in drawing a line between himself on the one hand and women and girls on the other. He gives up his œdipal attachment to the mother to save himself from castration; likewise he withdraws, as best he can, from any threatening mother identification and consequent



passive attachment to the father. He is healthy in so far as he is successful in these attitudes. What we usually consider the 'normal male contempt' for women contains the residue of earlier feelings and the child's reaction against them. It would seem to me that traces of the boy's original denial of castration are to be found in the projection of this denial upon the woman: in other words, in the man's idea of feminine untruthfulness. In accusing women of lying, the man rids himself of a denial which, if maintained, would constitute a breach with reality; and on the other hand, by the projection of this denial or 'lie' upon the woman, an unconscious gratification is vicariously obtained.

Thus when my patient accused me of lying, it was as if he were saying: 'It is not I who need to deny the facts, but you. And you must deny them for me, for I cannot bear the fact that you have no penis.' I am reminded of a little boy between four and five years of age, suffering from a severe castration trauma. One day in very good spirits he told me the following story. A little girl had pulled up her skirts for him and shown him—what did I think she had shown him? I couldn't imagine. He said slowly: 'A great big wee-wee thing—and if you don't want to believe me, you needn't, because it's true anyway'. Only after some time would he even admit that he, not she, had pulled up her skirts. With this admission, the story began to break down. I said: 'Weren't you shocked?' 'Shocked?' he asked. 'Yes', I replied, 'shocked at what you really saw'. He sat up very straight and said categorically: 'I was shocked that she should show me such a thing'. It took some time to clarify the ambiguity of the 'thing' he had seen.

There can be no doubt that this little girl would have been delighted to display a phallic genital to my young patient. We are familiar with the girl's reactions to her discovery of the sexual difference, her efforts to ascribe a phallus to the mother and to deny her own castration in various ways at various periods of development. Thus when the little boy denies the castration of his sister, he is playing into her own wish for a



penis. Common ground is found between the sexes in the idea that the little girl has merely not yet acquired a penis; somewhat less favored because more traumatic is the theory that masturbation has cost the girl her penis. Both ideas invariably occur in the same individual, because the phases of development overlap and because many theories, all ultimately inadequate, are required to explain so dire a lack.

It might perhaps be said that in given instances and always out of her own necessity the little girl gladly takes up the boy's denial of her castration. Both, in a word, lie about the nature of her genital. This lie is actually the denial of a lack: two negatives which result in the positive assertion of an unfailing, never absent phallus.

Lying as a symptom is familiar to all of us. Many years ago a case of pathological lying which I attempted quite fruitlessly to analyze provided me with the observation that lying of this type is the direct, adult continuation of the childish lie about the genital. As a child this patient had fastened a bit of wood to her genital and had persuaded herself that this, her penis, had always been there and moreover always would be there. The stubborn lying of many manifest male homosexuals differs somewhat from the foregoing in form but not in content. In the analysis of the neuroses, periods of lying in otherwise truthful individuals are of frequent occurrence. I recall another patient, a young woman, in whom lying of a definite type had been a symptom all her life. The lying of this girl, who had always been a tomboy, was directly traceable to something more powerful than the usual illusory penis, something which we might call a delusional penis.

This patient exhibited a curious mixture of superfluous and inexplicable lying and what is often termed masculine uprightness. Her sexual disturbances were the clinical reflection of her bisexuality. In addition she had a panicky fear of growing old. A birthday depressed her acutely. But even in the absence of birthdays she devoted many analytic hours to her fear and horror of growing old. There were times when she



could not or would not remember her age; times when she informed me wrongly. Never in the outside world did she reveal her actual age; her closest approach to truth in this respect was to make herself at least one year younger.

Here, then, is one of the traditional lies of women: the lie about their age. Even the United States Government acknowledges this tradition, in that various authorities—passport, voting registration, etc.—preferring not to risk perjury, allow women to state merely that they are over twenty-one years of age.

Thus it becomes apparent that once we admit the premise that men believe women to be particularly prone to lie, especially by denial and omission, we must answer the question as to whether or not this belief is justified by stating that there exist certain facts, such as age, about which women traditionally although of course not invariably do lie.

There is one other great topic about which women do not tell the truth, about which indeed they take it for granted that under given conditions only a lie is appropriate. I refer to the sexual gratification of women in coitus. The large majority of women who do not experience orgasm during coitus deceive their sexual partners and simulate the gratification which they fail to achieve. The legitimacy of this simulation is unquestioned by the women involved.

This is not the place to discuss the nature and function of orgasm in women, to what an extent it may be masculine in origin or nature, etc. But I should like to call attention to an assumption which perhaps throws light on the justification of this pretense at gratification. The traditional masculine idea about women is that they possess no authentic sexuality, no need and no desire for sexual relations. It is as if all sexuality, being attributed to the phallus, were, as the result of the acknowledgment of the absence of that phallus and out of some strict, unconscious logic, denied to women.

Thus the lie about orgasm is essentially an assertion of that phallic sexuality which women do not possess. It constitutes a reassurance to both men and women.

I similarly interpret women's tendency to lie about their age. So long as they are young there remains the possibility, as in childhood, of their somehow acquiring a penis. The allure of feminine youth for men is fundamentally of the same nature as the dread of old age in women. There is a saying to the effect that there is nobody as happy as an old maid once she has given up hoping. Or I might paraphrase: while there is youth, there is hope.



# FEAR OF DEATH

BY GREGORY ZILBOORG (NEW YORK)

## I

Ever since the world crisis broke out, civilian and military questions have been intimately interwoven with the problem of morale. What morale actually is has not yet been clearly defined. In a general and rather vague way, morale means to people a state of good cheer, a state of popular optimism. It also means a certain level of tenacious courage, persistently maintained and cheerfully demonstrated. Whatever angle of approach we might choose for the study of the problems of morale, we must sooner or later appreciate the fact that in the final analysis morale has to do with a general sense of security in the face of hardship and danger. It has to do not so much with the positive quality of being courageous, but rather with the negative quality of not becoming discouraged; not so much with the problem of being cheerful, but with the task of not becoming depressed—in other words, with the avoidance of turning one's aggression against one's self and with the proper direction of one's aggression outward.

It is not difficult to see that the fundamental psychological issue involved in the problem of morale is reduced to the problem of how one reacts to the fear of death. For behind the sense of insecurity in the face of danger, behind the sense of discouragement and depression, there always lurks the basic fear of death, a fear which undergoes most complex elaborations and manifests itself in many indirect ways. It may appear in the form of critical disbelief in the political administration as well as general pessimism about civilization, which may seem to us to be coming to an end—as if civilization, even as the principle of life, ever can come to an end. In the man-

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ner of the schizophrenic *Weltuntergangserlebnis* the anxiety and aggression are projected outward, but in actuality we still deal with the primary component which is death anxiety. All this is rather obvious. To reiterate it would certainly serve no good purpose, and the discussion of it would certainly be bootless and trite, were it not for the fact that the practical attempts to 'build' morale will prove of no value whatsoever unless we understand clearly the basic issues involved.

Three and a half years of war, a number of clinical observations made before and in the atmosphere of the present crisis, and personal recollections of certain experiences in the last war and in the Russian Revolution directed my attention to that which we could conveniently call the psychology of the fear of death. At first glance one might appear rather sceptical and wonder whether there is such a *psychology*, for the fear of death is one of those affects which we usually call 'natural'—a word so frequently and so mistakenly taken to convey also the meaning of elementary, simple, irreducible to any simpler components, self-understood and self-explanatory, possessing no 'psychology' and requiring no further elucidation. We might as well and with the same logical reasoning and right consider the falling of an object to the ground a perfectly natural, self-evident phenomenon. Yet the complexity of the laws of gravitation cannot be denied. The simplest natural phenomenon, no matter how directly perceived, requires considerable analysis in order to be understood. The fear of death, simple and natural though it appears, is actually complex. If we are to comprehend a little of the world about us, it is imperative that we gain as much understanding as is possible of the complexity of this fear.

No one is free of the fear of death. The most courageous soldier, who laughingly refers to 'butterflies in the stomach', readily admits that this euphemism is but the old expression of being 'scared to death'. That this fear is prominent in a number of psychopathological conditions every psychiatrist knows. The anxiety neuroses, the various phobic states, even a con-



siderable number of depressive suicidal states and many schizophrenias amply demonstrate the ever-present fear of death which becomes woven into the major conflicts of the given psychopathological conditions. In these conditions the fear of death is displaced to or connected with a number of fantasies which are neurotic, nonrealistic. We can learn a great deal about the normal through these abnormal conditions, but in the final analysis our knowledge will have little substance unless we can relate it to the so-called normal reactions of our daily life—that is to say, to the realities of life. I therefore consider it legitimate not to dwell on the pathological reactions and to refer to them only incidentally, if at all, while discussing primarily the so-called normal conditions.

## II

We may take it for granted that the fear of death is always present in our mental functioning. The instinct of self-preservation is as much a positive drive to maintain life as it is a negative one intent on mastering the dangers that threaten life. Such constant expenditure of psychological energy on the business of preserving life would be impossible if the fear of death were not as constant. The very term 'self-preservation' implies an effort against some force of disintegration; the affective aspect of this effort is fear, fear of death. If this fear were as constantly conscious, we should be unable to function normally. It must be properly repressed to keep us living with any modicum of comfort.

We know very well that to repress means more than to put away and to forget that which was put away and the place where we put it. It means also to maintain a constant psychological effort to keep the lid on and inwardly never relax our watchfulness. It means too that every now and then we automatically open some psychological safety valve and gradually let out some of the tension, in order to avoid accumulating too much of it, too much fear. This is the process known as the return of the repressed, and this fear, like any other deeply



repressed anxiety, returns in small doses and in modified form, keeping us in a state of balance and serenity, not interfering with the business of living.

Therefore in normal times we move about actually without ever believing in our own death, as if we fully believed in our own corporeal immortality. We are intent on mastering death. We work out medical problems of longevity; we indulge in planning for the remote future of our family, our country, humanity as a whole; we marshal all the forces which still the voice reminding us that our end must come some day, and we are suffused with the awareness that our lives will go on forever. All this is of course not so simple as it sounds, nor is it as efficient. Many of us—many more than it would appear on the surface—seek solace in religion, in a communion with the eternal, thus again seeking support for the fantasy of our own immortality in our communion with God, who never dies.

Even all this, it would appear, is not sufficient for the greatest number of people. Our civilized life is so replete with dangers that we devise a number of additional psychological measures in order to overcome the inner fears which these dangers arouse in us. We must maintain within us the conviction that we are stronger than all those deathly dangers, and also that we, each one of us who speaks of himself in the first person singular, are exceptions whom death will not strike at all. That is why we court death in various dangerous sports. It is an effort to prove that we are fearless, and fearless to us means not afraid of death. It does not mean that we don't mind it and are ready to meet our Maker with a sense of courteous welcome and in a manner of nonchalance; it means a rather boastful, challenging bravado: 'Death cannot get *me*'. So strong is this propensity in us that we elevate it to the height of great virtue; we hold a 'physical coward' in contempt, and the physical coward is normally ashamed to admit that he is afraid to die.

There is another psychological device which is almost universal, and from the standpoint of accepted moral standards perhaps the least laudable. We are all interested in fatal acci-



dents or executions, which have a peculiar fascination for us. That is why these are the usual stock in trade of a certain type of the daily press. We like to read about executions, train wrecks, automobile collisions, earthquakes, and conflagrations with human victims. The fact that our unconscious sadistic trends derive considerable gratification from vicarious participation in the violent loss of human life is certainly not overlooked here; this aspect of our reactions has been repeatedly discussed. What I would like to point out here is the less obvious unconscious reaction of egocentric self-delight which could be expressed by the exclamation: 'It is not I who was executed last night; it is not I who was killed in this automobile accident, or train wreck, or earthquake'.

This trend is so usually crowded out by, or rather overlaid with, unconscious sadistic reactions and a sense of guilt, that it is overlooked unless one carefully avoids being misled by the more conspicuous variety of other reactions. I have seldom failed to find this sense of relief about one's own safety in the patients I have treated and in a number of individuals who were exposed to or who contemplated various violent dangers to life. I could describe this reaction as a combined denial of the danger and the assertion that one is an exception and will never be struck by the danger.

One of the most convincing illustrations came to my attention recently in the person of a civilian who had to cross the ocean on some important, nonmilitary business. He was on a small merchant ship in a convoy which was attacked by a pack of submarines; some of the ships were torpedoed. A battle with the submarines ensued. The submarines remained invisible. When quiet finally prevailed, the civilian recalled a sense of relief and exhilaration, and later a thought that both thrilled and embarrassed him: 'Well, I am glad it was not I; it could not have been I'. He was less embarrassed and more impressed when he learned that some of his fellow passengers had similar thoughts. As long as they remained in the danger zone, they never brooded, never cast a melancholy thought about those



who were lost at sea in the same voyage. Sorrow and remorse came later, when they were safely on land again. During the height of the battle, it was curious how everyone—as if by preliminary, concerted agreement as they watched the depth charges being thrown—expressed the conviction that the attacking submarine had been hit. They were all fully convinced that every one of the pack met its fate at the bottom of the sea. The coöperative, fantasied denial of the danger was too conspicuous to be overlooked.

Barring the rare manifestations of mass panics, the mind of man in times of peace lives in a state of considerable psychological balance, with the constant help of the above-mentioned psychological devices which may be considered universal. The outstanding feature of all these devices is the fact that they contribute to the self-inflationary propensities of man which keep his sense of insecurity on a more or less subliminal level. The civilian's morale in time of peace is therefore always good. His country appears to him the best and the safest in the world. As a citizen of his country he is an exception as compared with the citizens of any other country, in that his country is the safest in the world. Moreover, he is even an exception among his peers, for he is quite lucky; he has been on the brink of fatal tragedies many times but always came out unscathed. Yes, of course, once he did sustain a fracture in a fall from a horse, or in an automobile accident, but he was not frightened—and look at him now: he recovered fully and no one would ever be able to tell that he had ever been in trouble. Yes, of course, he is a bit stiff, and he limps a bit and will be limping for the rest of his life; but this is really nothing, after all. The others, poor fellows, got off much worse—some of them died, others lost a limb.

Even one's religious feelings are utilized for the same self-inflationary denial of death which makes one behave as if one is full master over life and death. A man will say, of course, that he knows he will die some day, but he does not really care. He is having a good time with living, and he does not think about



death and does not care to bother about it—but this is a purely intellectual, verbal admission. The affect of fear is repressed and lost in self-inflationary cheer. Life itself, its truths and fantasies support and feed his state of mind. For each funeral announced or attended, there are hundreds of moving picture signs and theatre marquees. The psychic economy of 'morale' is thus fully maintained on an even keel.

### III

When war comes to a civilized community, the fear of death so well taken care of in times of peace undergoes at once a rather crucial change. The civilian may still utilize the mechanism which makes him feel that he is an exception. Now he becomes a real exception, in that he does not wear a uniform and is not exposed to the fatal contingencies of war. He does his bit by buying a war bond and thus relieves his conscience, but he cannot help being conscious all the time that he is safe. I deliberately do not take into consideration the civilian of London or Coventry who is exposed to real danger of being destroyed. For the moment let us speak of the civilian in New York, Chicago, or Detroit who plays in air alarms but actually feels safe. His usual human fantasy of being an exception is lent considerable realistic support by the very fact that he is so far away from the theatre of war. Not until he begins to lose members of his family and friends who fall in battle does he come to grips with the fear of death by way of identification with those who were killed. And even then the fact that he is an exception becomes even more emphasized.

But in so far as the loss of a relative or a friend does produce a clearer emotional realization of the dangers of war, the civilian begins to wrestle with an unconscious sense of guilt about those who have fallen, and with a mounting sense of anger and feeling of hatred for the enemy who kills. Compassion and scorn thus become more prominent components of that complex set of psychological factors which group themselves around the repressed fear of death.

In other words, the aggressive drives which are so intimately connected with the thought of death come to the fore. Compassion and scorn then become the very core of what we call morale, while the actual fear of death is mastered through a more direct form of aggression—the hatred for the enemy and the enthusiasm for his defeat. We mourn our dead without undue depression only because we are able to celebrate an equal if not greater number of deaths in the ranks of the enemy. This very potent psychological polarity and combination of compassion and scorn, both integral derivatives of the fear of death, are beautifully illustrated in President Roosevelt's statement that he was close to tears when the American soldiers in Africa passed in review before him, and that he would demand unconditional surrender—that is, complete destruction of the enemy.

In this constellation the fear of death is more deeply repressed. It is not the degree of its repression, however, but the degree of its conversion into murderous hatred that is the main ingredient of what we call 'morale' among those who are vicarious participants in the war, at a safe distance from the scene of battle.

The civilian of London, Coventry, or Canterbury, in so far as he is always exposed or in danger of being exposed to enemy fire, cannot be classed as a civilian in the strict sense of the word. He is a combatant, a passive combatant to be sure, yet psychologically a full-fledged one. His fear of death, no matter how well repressed and sublimated in times of peace, becomes so activated that the usual psychological devices prove insufficient. If there were no other but the usual devices, he would invariably fail and be overcome by panic; the fact that actually we find so few panics and so-called war neuroses among the population of the bombed cities would suggest that the psychological resourcefulness of the civilian under fire is much greater than one would at first suspect.

We may note first in this respect the extraordinary increase in religious feeling which has become prominent in London



as well as in Moscow. The passive communion with God and the eternal, immortal forces of the world brings forth a series of identifications which reinforce the unconscious fantasy of corporeal immortality and thus reduce the death anxiety. Yet this factor alone would not suffice, since the realities of life under the rain of bombs tax the fantasy of immortality no matter how potent a factor it may be. Man then resorts to the mobilization of his aggression, his hatred.

The grim persistence of the Londoner is but a form of determined hatred, of cold, revengeful hostility which enables him to maintain himself on his psychological level. The privations due to scarcity of food, of clothing, of many comforts which only yesterday seemed indispensable necessities do not seem to be disturbing factors under these circumstances. They are not disturbing factors because, when a considerable amount of our aggression is turned outward, we are always more ready to pay for it with a corresponding amount of masochistic sacrifice. More than that, this very sacrifice generates greater aggression. Examples of this type of psychological constellation have also been observed in Moscow. There, while the German planes were overhead, men in the street would stop in their tracks as if fully oblivious of the fear of death, clench their fists and with threatening gestures to the sky break out into vituperation against the German attackers. They hated actively and as actively submitted themselves to the privations of cold and hunger.

The fear of death is thus transformed into a sado-masochistic combination, which on the socialized level is represented by the awareness of grim hatred of the enemy and of readiness to make great sacrifices to save the country, to win the war, to kill the enemy. The psychological emphasis is laid here on the murderous, destructive drives within us, not only because they represent the logical needs of our functioning in an atmosphere of war, but primarily because these drives are the only ones capable of maintaining the fear of death in a state of low tension.



In times of peace, such direct efflorescence of our murderous drives is hardly possible because it would lead to depressive states and the increase of suicidal drives. That is why the rate of suicide is always higher in times of peace. In war, however, such depressions are rendered well-nigh impossible, since the murderous drives—while coming out into the open—not only are sanctioned by the ethics of warfare, but enable us to feel masters over life and death, in so far as in fantasy in munition plants and in reality on the battlefield we are steadily kept aware that we hold in our hands the fate, the life and death, of so many individuals whom we call our enemies. As long as we go on shooting we think more of killing than of being killed.

#### IV

This brings us directly to the battlefield, to the active combatant. It is a well-observed fact that 'green' troops become 'seasoned' as soon as they become angry—that is, as soon as they begin to convert their fear of death into hatred and aggression. This usually happens after the baptism of fire, not so much because the soldiers become accustomed to the fire of the enemy, but primarily because their anger begins to be aroused after they have lost some of their brothers in combat. It is the mechanism of revenge, of overcoming death by means of murder, that proves here too the most potent psychological force.

We need not be disturbed by this rather unsavory terminology nor by the moral dissonance which such terms as hatred, aggression, revenge, lust for murder, arouse in our moral sensibilities. These *are* our human reactions.

In that form of the fear of death which we would call neurotic and which afflicts certain war casualties ('war neuroses'), it is not difficult to discern a certain paralysis of motor aggression. The victim does hate, but he is unable to fight; his identification with the dead around him is too great, probably because of a severe sense of guilt which antedates his military service. He enters the battle handicapped by a guilty con-



science which leads him to profound unconscious compassion without corresponding scorn. He succumbs to a passivity from which he is unable to escape except by way of fantasy. This is the reason that the majority of these cases are so suffused with anxiety, and why most of them show so many schizophrenia-like reactions. They escape into that magico-megalomaniac type of passivity by means of which they avoid both death and murder but are unable to escape the fear of either.

The paradoxical ethicosociological implications of these reactions are clear: those who are the most conspicuous misfits on the battlefield appear in actuality to be ethically the most sensitive people. On the other hand, they are socially the most useless, and perhaps even from the ethical point of view they are not so valuable as others. Their fear of death is overcharged with a sense of guilt for a fantasied murder committed long before they were called upon to meet the grim problems of combat. Theirs is not a life of and with reality. Hence their death anxiety and their very poor morale.

One is tempted to speculate on how much better civilian morale might be, if the general population could be better informed about our losses and could see more of our wounded. After an initial depressive reaction, the exigencies of war and the natural psychological struggles of man would produce that condition which we vaguely designate as high morale—which is but anger and protest against death, or the fear of death.

## BODY AS PHALLUS: A CLINICO-ETYMOLOGICAL NOTE

BY HENRY ALDEN BUNKER (NEW YORK)

It is a somewhat curious fact that a word as important as the English word *body* (Anglo-Saxon *bodig*) should be of unknown origin. It is at least equally remarkable that this word should also be unique among the words of the Indo-European languages which express the idea denoted by *body*; so that our English word has neither known ancestors nor even collateral relatives, and therefore stands alone as a word peculiar to the English language. It scarcely needs saying that in the other Indo-European languages the various words for *body* are unrelated to the English word; the French has *corps* and the German *Körper*, for example—both, of course, like the English *corpse*, from the Latin *corpus* (cf. the Sanscrit *kar-* to make, Latin *creo*, English *create*). The only word of the same meaning similar to the English word is the Gaelic *bodhaig*, meaning *body*; but this word, according to the New English Dictionary, is derived from the English, rather than the other way about.

A foremost authority on language has said that a 'resigned acquiescence in inevitable ignorance' should be the characteristic of etymologists. Although in view of this certainly *ex cathedra* pronouncement our own diffidence ought to be all the more considerable, it appears nevertheless possible that the psychoanalyst has in his possession, in this case, a piece of knowledge which might provide a key to the etymological meaning, otherwise so obscure, of the word *body*. I refer, of course, to that commonplace of psychoanalytic experience, the equating in dream and fantasy of *body* and *penis*, whereby these are made interchangeable, the one substituted for the other, in unconscious ideation.<sup>1</sup> Now the connecting link between this psychological phenomenon and our etymo-

<sup>1</sup> See, for example, Lewin, Bertram D.: *The Body as Phallus*. This QUARTERLY, II, 1933, p. 24.



logical question—the etymological counterpart of the psychoanalytic observation—might conceivably lie in the fact that there exists in Middle Gaelic a word *bod*, meaning *penis*<sup>2</sup> (Old Irish, *bott*, now *bod*; <sup>3</sup> Middle Irish, *bod*, *bot*<sup>2</sup>)—a word with which Whitley Stokes<sup>3</sup> compares, as possible cognates, the Greek *πόσθη* penis, and *βύττος* the female genital. (It may even be worth noting, since the Latin word *penis* means *tail* (*cauda*),<sup>4</sup> that among the several compounds of *bod* listed in the Gaelic dictionaries is the word *bodhan*, meaning *ham*, *breech*, *seat*.<sup>5</sup>) Thus there would seem to exist at least the possibility that the unique word *body* contains within itself a reference to the penis—a reference which finds a reflection in the type of unconscious fantasy alluded to above. If it is true, then, that there is such a connection between *bod* and *body*, then the original (Anglo-Saxon) form of the latter, *bodig*—since the Anglo-Saxon suffix *-ig* ‘connotes possession of an object denoted by the stem’<sup>6</sup>—would literally mean ‘possessing a penis’; and here it should be noted also, perhaps, that, as we have already seen, even the Latin word *corpus*, in its ultimate relation to the Sanscrit, contains a *procreative* reference.

The psychoanalytic observation referred to above needs of course no illustration. Yet I should like to cite briefly the fantasy of a six-year-old boy which drew my attention to the question here discussed, and which may be worth narrating in this connection, not because it supplies evidence in support of a psychoanalytic truism, but because it was built largely upon

<sup>2</sup> Dean of Lismore's Book, cited in Macleod and Dewar: *A Dictionary of the Gaelic Language*. London, 1845.

<sup>3</sup> Stokes, Whitley: *Urkeltischer Sprachschatz*. Göttingen, 1894, p. 180.

<sup>4</sup> And *tail* meant also *penis* in Standard English, from the middle of the fourteenth until the eighteenth century (Partridge, Eric: *A Dictionary of Slang and Unconventional English*. New York, 1937).

<sup>5</sup> Is the Gaelic word *bodhaig*, meaning *body*, above mentioned—whose derivation from the English word *body* is, despite the New English Dictionary, disputed (Macbain: *An Etymological Dictionary of the Gaelic Language*. Inverness, 1896)—similarly a compound of *bod*?

<sup>6</sup> Bosworth: *An Anglo-Saxon Dictionary*. Oxford, 1882.



the belief that the word *body* meant *penis*—had, in fact, no other meaning.

The occasion of this fantasy, which can be dated between the age of five and six, was an occurrence in the course of a drive which the patient took with his mother and younger brother. (This drive took place almost daily while the patient's father, a physician, held office hours; thus, while the father was imprisoned at home with patients, the patient seized the reins of the chariot, like Phaeton himself, and drove off with his mother.) On this particular occasion they had driven through part of Greenwood Cemetery, in Brooklyn, and were approaching the exit, which was in the form of a Gothic arch of grey stone, in fact, a triple arch, the middle one the largest; the scene was as vivid in the mind's eye of the patient as if the event had taken place within the preceding year or so. As they approached this gate, a bell began to toll; they stopped, and the little boy asked his mother why the bell was suddenly tolling. She replied, 'They are bringing a body to be buried'. The patient does not know whether at this time he had ever heard the word *body* before; he thinks very possibly not. At all events, with his mother's reply there came to him the certain knowledge—not as a sudden revelation, but as something he had always known, something entirely a matter of course—that if they but waited a few moments longer he would see, if he looked back over his shoulder, a man approaching, the man whose body was to be buried. It was all perfectly clear and perfectly simple; they were going to cut it off and bury it—had not his mother just said so? She had said they were bringing a body to be buried; and he knew intuitively, without having to give it any thought, that *body* was the grown-up word, the 'nice' word, for *penis*—even though you called it by another name in the nursery. And so this man was bringing his penis to be (cut off and) buried; in a very few moments, since the bell was already tolling, he would come in sight, walking down the road towards the gate to which the bell summoned him, naked (of course) and holding his penis in his hand, walking



nonetheless briskly and indeed almost jauntily—such was the vividness of the mental picture which in that moment he conjured up. There was nothing in the least remarkable about this, after all, nothing that was not entirely natural; it was merely something that happened to all men at the appointed time, a thing that happened to every man when he reached some such great age as forty (a number as clear as any other detail in the fantasy).

Thus the fantasy which flashed through the patient's mind in that moment. He now added that for years after he learned that *body* had no such meaning as that which he had taken for granted, the word remained distasteful to him; he never used it himself, and definitely disliked hearing it used; and in fact he thought of it as undoubtedly one of the most cacophonous words in the language.

It would not be relevant to my present purpose to enter into the analysis of this fantasy. Nor is this really necessary, since its themes stand out with sufficient clarity: the theme of castration ('it will be cut off'), together with the very adequate defense against this threat ('it is nothing; it happens to everybody; see how little he makes of it'); the allusion to the primal scene (the man approaches the gate cheerfully, naked, and with his penis in his hand; also, the little boy is forbidden to look, since his mother will not let him wait to see; and the man is thought of very clearly as about forty years old, almost exactly his father's age at the time); and finally, and in particular, via the equations  $\text{body} = \text{penis}$ , and  $\text{grave (or earth)} = (\text{maternal}) \text{womb}$ , the concept of death as the conscious equivalent of the unconscious dread of castration, or, in slightly more expanded form, the fantasy of death as a return to the maternal womb, but a return achieved only at the cost of giving up the penis.<sup>7</sup>

<sup>7</sup> This is, of course, a universal fantasy, widely disseminated in myth and dream. A quite common theme in Greek mythology, for example, is that of the 'price of immortality', in which the 'price' is an obvious symbolic castration. In a more specific form of the fantasy, it seems to be the phallic mother who receives or consumes or destroys the detached part. There is Osiris, for example,

But this is by the way, since my only purpose in citing this fantasy is simply the reason that, if for some of our Celtic ancestors the word *bod* meant *penis*, so for this patient did the word *body* with equal certainty mean *penis*. If, however, there is no connection between the Celtic word *bod* and the English word *body*—the latter a word peculiar to the English language, and one whose form cannot be accounted for and whose origin has proved untraceable—then, in the light of the evidence here presented, the coincidence is, to say the least, a remarkable one.

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whose severed phallus, upon his death, was cast into the *ocean* and there swallowed by a *fish*. There is, if rather less obviously, King Arthur, who, upon his passing, ordered his magic *sword* Excalibur—that sword which ‘twinkled with diamond sparks, Myriads of topaz-lights, and jacinth-work Of subtlest jewellery’—flung into the *mere*; but it was *three times* that Arthur issued this command, which only on the third did Sir Bedivere comply with; whereupon from the mere ‘rose an arm Clothed in white samite, mystic, wonderful, And caught him by the hilt, and brandish’d him *Three times*, and drew him under in the mere’. Similarly, according to the story, did the Emperor of Austria, having died, divest himself of the appurtenances of royalty when, and only when, for the *third time* he knocked for admission at the gate of Heaven. And it may not be altogether fanciful, against this background, to cite the triple gateway in the presence of which my patient had the fantasy above described.



## A PHILOLOGICAL NOTE ON A DEFECT IN SEX ORGAN NOMENCLATURE

BY ABRAM BLAU (NEW YORK)

Philology, the science which studies the structure and development of languages, has very often been invoked to assist in settling historical questions. The history of a nation's culture can be illustrated through a study of successive strata of loan-words. This is an application of philology in a positive sense. The absence of a word, similarly, may be indicative of a widespread process of repression. The purpose of this paper is to draw attention to a philological observation of significance in the psychoanalytic theory of sexuality.

The clitoris, well supplied with nerves, is the chief sexual organ in the female child and the main focus of infantile and adolescent masturbation. Only later is sexual sensation experienced in adjacent genital parts and it is questionable whether the young child even knows about the existence of the vagina. Thus, an awareness of the clitoris as an organ must intrude upon the consciousness of the female child and adult. This must arise from the reflex erections, the spontaneous discharges of sexual excitement, pulsations and twitching, the responses to sexual fantasies and the reactions to local manipulations (either voluntary or by local irritation of clothes and other agents). Furthermore, psychoanalytic observations offer abundant empirical evidence that the clitoris receives a great deal of attention from the female child and adult; it occupies a prominent position in the conscious sexual fantasies and is often represented symbolically in dreams.

Is it not therefore surprising that, except for scientific terminology, there seems to be no vernacular, slang or obscene word in the English or American language to designate this organ? None could be found in the Oxford New English Dictionary (1), Webster's New International Dictionary (2), Funk and Wagnall's New Standard Dictionary (3) and The



American Thesaurus of Slang by Berrey and Van den Bark (4). In contrast, there is no dearth of words for the male sex organ.<sup>1</sup> I have made inquiries among natives of other countries, psychiatrists and lay people, and they report a similar linguistic deficiency. My inquiries have included the French, German, Spanish, Russian, Hungarian, Polish, Armenian, Turkish, Hebrew, Italian and Arabic languages. In the German language, a synonym for clitoris does exist, *kitzler*, which when translated literally means 'tickler'. However, this meaningful term is not employed in the vernacular but has wholly a scientific usage. The nonscientific terminology is generally most specific for the least sexualized genital parts as the uterus (womb); only vague terms exist for the vagina and the most common slang (and obscene) references concern only the vulva in general. Quoting Havelock Ellis (5): 'It is indeed but three centuries since the clitoris was so little known that (in 1593) Realdus Columbus actually claimed the honor of discovering it. Columbus was not its discoverer, for Fallopius speedily showed that Avicenna and Albucasis had referred to it.'

Since this linguistic deficiency regarding the clitoris cannot be due to a true nonawareness of the organ (as may be claimed regarding some internal part of the body or a nonsensitive external part), and since it is unlikely that it is the result of a linguistic laxity or insufficiency, only one conclusion is logically tenable. This imperfection in language must indicate a form of cultural evasion. Such avoidance must be significant. Ordinarily, when a sensation or emotion is common to many people, and particularly in the case of pleasurable and painful feelings, there is an impulse to interchange experiences; language generally serves this need by introducing a symbolic means of communication. The absence of a lay designation

<sup>1</sup> Havelock Ellis (5) states: 'In correspondence with the importance of the penis is the large number of names which men everywhere bestowed upon it. In French literature many hundred synonyms may be found. They are also numerous in Latin. In English the literary terms for the penis seem to be comparatively few, but a large number of non-literary synonyms exist in colloquialisms and perhaps merely local usage.'



for the clitoris suggests that there is a stronger opposing influence which acts to keep it hidden and secret. Obviously, the endowment of an object with one or more names brings it a greater degree of attention and a larger means of reference. Withholding a name is equivalent to an assurance of anonymity. This is a reverse example of the power or 'magic' of words and language. With a name, an object becomes a more definite part of objective reality; without one, it is obscured.

It appears to me that this lack of vocabulary cannot be attributed merely to a cultural discrimination against women regarding sex, but must have a deeper origin, arising from factors in the individual psyche. For if it were a matter of the mores, the organ would be recognized at least in slang, or obscene wit, and there would be some reference to it among less inhibited individuals. Other ideas which are forbidden by moral and ethical conventions, such as masturbation and homosexuality, which have strong emotional and instinctual value, do manage to become manifest; yet these do not have even the meager cultural approbation conceded to female sexuality in the most conventional circles.

The more plausible explanation is that the language defect is due to deep individual repressions which are secondarily reflected in our culture by a deficiency in speech. The origin of the repression can be most satisfactorily understood on the basis of empirical psychoanalytic data concerning infantile sexual ideas and corresponding specific attitudes to the sex organs (Freud [6]). An outstanding feature of these infantile notions is the exaggerated evaluation of the phallus and a reciprocal depreciation of its absence in the female.

The emotional counterpart of these infantile conceptions regarding the sex organs becomes evident in the individual person as penis pride, penis envy, depreciation of the female lack of the penis, and castration anxiety (concern about loss of the penis). In the face of these attitudes, the perception of the clitoris (that is, a small inadequate or absent penis) would excite either shame or anxiety. We would then understand this verbal ostracism of the clitoris, by both men and



women, to indicate that organ as not only being unworthy of notice but as requiring special repression and concealment.

The etymology of the word 'clitoris' is also relevant. Derived from the Greek *κλείειν* meaning 'to shut up', 'to close', it is allied to such words as closet, clothes, cloister, closure, etc. Webster does not consider the possibility of a psychological reason but attributes the origin of the word to the fact that it is concealed by the labia minora. Thus the etymology of the scientific designation substantiates the notion of special seclusion, modesty and concealment in relation to that part of the female body.

In conclusion, one might contrast the unique philological exclusion of 'clitoris' from lay language with other similar but less extensive linguistic repressions which are not uncommon—those which have adequate nomenclature, in both scientific and slang (and obscene) vocabulary, but are more or less deleted from 'correct' English vernacular. They are such as: penis, scrotum, testes, vulva, vagina; menstruation, masturbation, coitus; fellatio, pederasty, cunnilingus; fæces, urine, defæcation, urination; etc. On the other hand, some corresponding euphemistic expressions (e.g., dickie, peepee, weewee, number one, number two, to move the bowels, to pass water, to make love, etc.), obviously evasive in their very structure, do have considerable usage. Many of these vernacular expressions are employed mainly between adults and children; with the latter, evasion is more difficult and repression is as yet inadequately established. In contradistinction to the repressions in regard to 'clitoris', there is no doubt that in this second type of philological repression, the social or environmental factors are more influential than the individual inner inhibitions in the censoring process. This basic difference in the taboo probably accounts for the breach in this area which permits relatively more open speaking through slang, as compared to the greater restrictions regarding 'clitoris'.

The presumption here is that the language deficiencies are not accidental and must have some significance. The language defects seem to highlight the extreme cultural suppression of



female sexuality and the restraint on sexuality in general, and in addition support the theory that the human being is inherently influenced by certain ideas regarding the anatomical difference between the sexes.

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# THE CONCEPTION OF THE REPETITION COMPULSION

BY EDWARD BIBRING (BOSTON)

## I

The conception of the repetition compulsion—as well as the conception of the death instincts—has been rather ambivalently received by psychoanalysts. Some see repetition compulsion as one of the most important phenomena of normal and abnormal psychic life and one of the most difficult problems in psychoanalytic therapy, others are uncertain as to what to think or say about it, and still others deny its existence. Usually the critics are inclined to admit its existence but not as Freud formulated it, ‘beyond the pleasure principle’, but rather within it. For this state of affairs one fact among others seems to be responsible, namely, that the conception of the repetition compulsion has been given different formulations in Freud’s papers and seems to have more than one meaning. In my paper, *The Development and Problems of the Theory of the Instincts*, I attempted to differentiate between the various meanings of this conception: ‘The concept of repetition compulsion is a complex one and comprises several aspects. (1) Repetition compulsion is an expression of the “inertia” of living matter, of its “disinclination to abandon an old position in favor of a new one” and therefore of a conservative trend which always inclines to maintain the existing state of things. (2) In consequence there is a tendency to keep to certain forms of adaptation and to certain circuitous routes as a reaction to any disturbance of the usual processes. This may be described as the “impressibility of life”. Adaptations once acquired are retained and reproduced. Under this heading may be placed the basic law of biogenesis and the biological concept of

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reproduction in general. (3) The conservative nature of life, however, does not express itself only in the maintenance and reproduction of already established processes, but also in a backward-looking trend which aims at surmounting or, as it were, throwing off adaptations which have been imposed upon it, and at reinstating of more primitive situations, that is to say, historically earlier ones. Here inertia and conservatism have become an active "yearning for the past", a regressive trend. . . .

(4) From the energetic point of view repetition compulsion is found to be a special case of the trend toward abreaction. The large quantities of energy released by traumatic stimuli are bound by anticathexis and then gradually, as the traumatic situation is repeated over and over again, discharged in fractional amounts.'

These four meanings, however, may be reduced to two: (1) The repetition compulsion is the expression of the 'inertia' of living matter, of the conservative trend to maintain and repeat intensive experiences. (2) The repetition compulsion is a regulating mechanism, with the task of discharging tensions caused by traumatic experiences after they have been bound, in fractional amounts.

These two meanings are not identical and therefore need further discussion. The following considerations attempt—on the basis of clinical material—to develop what in my opinion is the final meaning of this conception, according to the different formulations given by Freud in various papers. As this investigation will proceed, as it were, from the very roots of the question, some repetition will be unavoidable.

To distinguish the two functions described in the conception of the repetition compulsion more clearly, it may be well to introduce distinctive names. Let us call the tendency to preserve the traumatic situation the *repetitive* or *reproductive* tendency; the other, which seeks to reestablish the pretraumatic situation the *restitutive* one. Both tendencies, separated here, were in Freud's original conception included in an integrated function. I should like, however, to discuss each



of these tendencies separately, especially as Freud originally used the term repetition compulsion now in the one sense, sometimes in the other. Thus he attributed acting out in analysis and in life more to the repetitive or reproductive tendency, whereas he used the restitutive function as evidence supporting the assumption of the two types of primal instincts. The life instincts try to restore the lost unity of the primal cell, and the death instincts to bring about a return of the previous state of inorganic matter. But what if one attempts to rely on the literal definition of the function, namely to regain the *pretraumatic* state by repetition of the *traumatic* situation? To be consistent, one would then define the life and death instincts differently than Freud. According to his concept the life instincts are characterized by the tendency to bring together the dispersed fragments of living substance. This definition, however, contradicts the conception of the repetition compulsion as a tendency which tries to undo the traumatic impression through repeated reproductions of the traumatic event and simultaneous partial discharge of the tension. The trauma that the life instincts try to undo is—*ex definitione*—the splitting of living substance into particles. Literally applying the defined conception of the repetition compulsion, one would have to assume that the instincts which try to eliminate this trauma will do it by reproducing the traumatic incident of being dispersed. In other words, Freud uses *only the restitutive* tendency of the repetition compulsion to characterize the life instincts, and *not at all the repetitive* or reproductive part of it. Likewise the assumed tendency of the death instincts to effect a return to the previous inorganic condition corresponds to the restitutive tendency without consideration of the reproductive. If we again adhere to the latter, then the death instincts would always repeat the creation of life, that is, the trauma of loss of inorganic existence. Thus what Freud called death instincts would become life instincts, because they would repeat the trauma of the formation of life, and vice versa the life instincts would become death instincts, because they



had to repeat the painful trauma of dispersing living matter. I hope I am not unduly meticulous in the matter of definition, but evidently there is a difficulty in the conception of the repetition compulsion, or at least in its application, which needs further clarification.

This difficulty may be only an apparent one. Let me go back and repeat well-known matters. The conception of repetition compulsion as a regulating mechanism is based on Freud's assumption that the psychic apparatus is ruled by the tendency to discharge incoming stimuli either completely or to reduce them to the lowest possible level. One of the basic functions of the psychic apparatus is thus the abolition of stimuli. The psychic apparatus is to a certain extent also prepared against traumatic stimuli. Freud assumes that stimuli encounter a strong anticathexis which hinders the overwhelming of the psychic apparatus by destructive and paralyzing stimuli, such as anxiety. Thereby a foreign body, as it were, is placed in the psychic organism. The tension bound in this way urges discharge. It might succeed from time to time in breaking through the anticathexis in small quantities and thus be discharged. The repetition may—at least from the theoretical point of view—continue until complete restitution is achieved. Here both parts of the conservative tendency, the maintaining of the traumatic experience and the restoring of the former state, are bound together in a functional unit. The repetition compulsion, however, is thus divided into the automatic processes of binding because of the need for protection against intensive stimulation, and the consequent mechanical trend toward abreaction of the accumulated tensions. This does not seem satisfactory. Is this actually the case or is the restitutive tendency meant to be something more than an automatic tendency toward discharge? Take, for example, the play of the little boy quoted by Freud. Making the wooden spool disappear with exclamations of sorrow and drawing it out of the cot again, the boy tries to overcome the traumatic experience in an *active* way. Thus these considera-

tions return us to our problem. What is the nature, then, of the conservative principle with its reproductive and restitutive tendencies? What is the relation of these tendencies to each other? Is the restitutive function only a special instance of the mechanical trend toward discharge of bound energies or is it an active tendency?

## II

Before discussing the problem with clinical examples it is necessary to consider which criteria of the repetition compulsion enable us to recognize its clinical expression. This will give us the opportunity to mention the views of some other authors and to consider a few other problems which are connected with this conception.

We might infer the characteristic of its being compulsive from the term repetition compulsion. But compulsive is apparently not meant here in the same sense as when speaking of compulsive neurosis. The term has nearly the same meaning as 'automatic repetition' or 'instinctual or impulsive repetition'. We can thus describe the repetition compulsion as the tendency toward automatic or impulsive repetition (and eventually discharge) of painful (traumatic) experiences.

With this we have given the criteria of repetition compulsion. The first is one of form: the automatic or impulsive nature of the repetition. The second is one of content: the painful character of what is repeated. But these two clinically comprehensive characteristics correspond solely to the reproductive or repetitive trend. As criteria of the restitutive aim we may expect a kind of spontaneity; which means, the repetition will occur for internal reasons only, independent of external stimuli, and furthermore a decrease of the intensity of the tensions.

It is of course clear that not all psychic repetitions will be determined by the repetition compulsion. Repetition in mental life has been dealt with by different psychoanalytic authors from various points of view and it is superfluous to



give a complete survey of these studies here. Bally discussed repetition in connection with the development of infantile motor activities; Kubie dealt with it in conjunction with the mental development of the child, especially the learning process; Mosonyi examined the rôle which repetition plays in music; Spitz showed the connection between children's liking for repetition and the tendency to avoid the unpleasant experience of the new. Perhaps the most complete enumeration of the various kinds of repetition in the psychic field was put forward by Hartmann in a discussion at a meeting of the New York Psychoanalytic Society. According to him repetition occurs: '(1) in response to the same stimuli; (2) when what was experienced resulted in pleasure (or in the avoidance of pain) or was pleasurable in itself (repetitions in childhood, especially of newly learned activities belong to this category); (3) in connection with automatisms of thoughts and actions. This leads to the reaching of the same or very similar solutions of certain problems. In this case a kind of independence of the pleasure principle—at least to a certain degree—seems to be evident. Such automatisms multiply in the course of life, whereas the typical repetitions of the child decrease in the latency period (Spitz). (4) Repetition also occurs when intended actions were not completed and have therefore the tendency to repetition, as actions or thoughts. This can be proved experimentally (K. Lewin). (5) Repetition occurs when traumatic experiences have not been assimilated.'

The phenomena of the repetition compulsion correspond to the last point and must be distinguished from the four other kinds of repetition. Automatisms in the sense of habits, attitudes, mannerisms, thoughts, etc., and actions which are pleasurable in themselves, may be omitted because they do not fit in our scheme of criteria; furthermore they do not require any explanation of the nature of the conception in question. They are the result of a complicated process and never completely beyond the pleasure principle. But regarding the other points of Hartmann's survey, other authors have developed different



views. Schilder, for example, classifies the repetition of traumatic experiences under the scheme of stimulus and reaction. The qualifying characteristic applied by Schilder is that of spontaneity, that is, the criterion in the sense of the restitutive function. Schilder stated that the repetition or recollection of traumatic situations in the past occur *in reaction to actual stimuli of danger*. For instance, he says: ' . . . the careful study of any one of these cases reveals that they revive the past situation which was impressive, whenever they feel threatened by a danger in their actual situation'. As Schilder thought that this is always the case, he drew the conclusion: 'No mechanical tendency to repetition (repetition compulsion) exists'. Thus we see Schilder understood the repetition compulsion as a restitutive (regulative) mechanism only and consequently denied the existence of such a mechanism.

It does not seem difficult to discuss the relationship between the tendency to repetition of an incomplete action and of a traumatic experience, as long as the incompleted action is considered as a consciously intended one. But there is some difficulty if one also takes the repressed into consideration. Both incomplete actions and repressed impulses create tensions which remain undischarged. Waelder, in contrast to Hartmann, therefore considers the traumatic as a special instance of the undischarged. However, from the point of view of the relation to the pleasure principle one can distinguish between undischarged traumatic experiences which are beyond the pleasure principle, and undischarged pleasurable tensions.

With these considerations we have arrived at the very familiar problem of the relation of the repetition compulsion to the pleasure principle. Here the most severe criticism is encountered when it is pointed out that the reproduction of manifest painful experiences is still governed by the pleasure principle. To mention only a few authors: Symons tried to prove that the motives of the painful repetition could be found entirely in masochistic drives, hence within the pleasure principle. Kubie arrived at similar conclusions on the basis of



independent trains of thought which led to remarkable conclusions. Freud considered carefully the possibility of explaining phenomena of painful repetitions on the basis of the pleasure principle, but he came to the conclusion that the repetition compulsion frequently establishes intimate connections with the pleasure principle but nevertheless exists independent of it.

We shall return to all these problems later. To summarize: the characteristics which enable us to recognize the clinical expressions of the repetition compulsion are different according to whether the reproductive or the restitutive tendency is concerned. The compulsive repetition of the painful is a psychological fact. The theoretic explanation of it is questioned on two points: (1) as far as its position within or beyond the pleasure principle is concerned. (2) Is repetition simply an expression of a conservative tendency to maintain and reproduce traumatic experiences, a tendency which still has to be defined more exactly? Or does it, at the same time, serve another conservative tendency of a restitutive nature which tries to eliminate the painful tension?

### III

Before turning to psychoanalytic experience, I should like to discuss the traumatic neurosis first, as it seems the clearest illustration of the repetition compulsion as a regulative mechanism. It may be helpful to start with a simple instance. It is a well-known experience<sup>1</sup> that in the face of an unexpected great danger like a fire, earthquake, precipitous fall, etc., people often behave in a very cool and collected, almost automatic, manner. Having survived the danger, these individuals sometimes show a kind of collapse, a severe feeling of exhaustion, trembling, an outburst of tears, even fainting. We could describe this state in terms familiar to us by saying that a strong anticathexis has saved the ego from being overwhelmed by anxiety. The significant symptoms prove this to be a kind of

<sup>1</sup> Cf. Pfister (15).

depersonalization. The breaking through of shocklike phenomena after danger seems to be proof not only of the assumption that the excitement has been blocked but also that the tension or remainders of it could be discharged the moment the ego was no longer compelled to maintain the anticathexis.

This experience could easily be applied to the shock neurosis.<sup>2</sup> If we imagine that the described reaction after the danger does not occur only once but periodically, we have a transition to the shock neurosis. We may say that in the instance of conduct after danger as well as in the shock neurosis a delayed, and in the latter case, a prolonged and periodical discharge takes place. The shock reactions seem especially apt for proving the interpretation of the repetition compulsion as a regulative mechanism. Shock dreams are perhaps the clearest example. Here the repetitive and the restitutive function seem to coincide. Nevertheless one point should be stressed. In the reaction after danger the discharge occurs the moment the necessity to act ceases and the anticathexis is discontinued. We know on the other hand that during sleep the anticathexes are reduced. Thus in both cases the discharge takes place when the anticathexes established by the ego have been withdrawn or reduced. Shock dreams, also, usually do not undergo any distortion or any other elaboration—which leads us to ask whether the ego has any active share in the matter, and whether it is not somewhat hospitable to these dreams? And finally, due to secondary ego interests, the situation in accident neuroses is complicated. Here too the ego may admit or even welcome the symptoms, at least in certain cases. The problem we stress here is that of the participation of the ego: is it completely passive in relation to the repetition compulsion, permitting a breach passively, or has it an active part in bringing about the phenomena of the repetition compulsion?

Let us now examine a few cases which we know from analysis. A patient developed an erotic transference, which

<sup>2</sup> Cf. Fenichel (4).



was manifested in various actions, associations and dreams. When her attention was called to this, she reacted with an increasing breaking-through of her feelings. At the same time her anxiety increased, which she described as a fear of being rejected. In fact, she felt the first attempts to analyze her transference as a frustration. She developed more anxiety, but at the same time her demands became stronger. She struggled with impulses to stretch back her arm to pull the analyst to her, or to jump up and embrace him. She was afraid of the possible breaking-through of these impulses, especially at the end of the hour, because she feared they might overwhelm her when she said goodbye. Nevertheless, the demand for fulfilment of her wishes remained. Later, aggression came to the surface. Anxiety alternated with impulses to attack the analyst and to make him love her. Gradually it became possible to analyze her attitude and very soon to extend the analysis to her general relationship to men. She was always reserved at first in such relations, but gradually developed passionate behavior and an inclination to act despotically and to treat men aggressively. The consequences could not be avoided—the frightened men withdrew. In spite of all experience, her relations with men developed mostly in the same way. She would try to form a more friendly relation but in vain. She suffered in the same way during analysis from her aggressiveness toward the analyst.

The repetition in the love relationship of this patient seems quite obvious. The traumatic situation which she repeated becomes clear when we take into account the unconscious meaning of her conduct. What she could not bear was being dependent on a man—the 'sovereignty of men', as she called it. The core of this sensitiveness and the true reason of the painful situation was her intolerance of the fact that she had been deprived of a penis. Characteristic in this respect was her conduct during sexual intercourse. She liked to play with a man's genitals and required that he remain completely passive. When she began to understand the true meaning of this



behavior, she said that she would have liked the man to go away and leave his penis with her. Thus impulses to make a man love her were determined by the desire to rob him of his penis, either through love or force, and this was due to her initial realization that she did not have a penis. We had to assume that her reaction on seeing the penis for the first time in her life was anxiety and the aggressive impulse to usurp the envied organ by force. This traumatic experience was repeated in her relation to men and in the transference situation. She had never overcome this experience and was driven to reproduce the painful situation repeatedly.

One might perhaps say that this does not constitute a satisfactory example. I am afraid that many examples drawn from analytical experience may be of this kind. Let us choose one which is simpler and shorter. A patient was able—in spite of relatively happy relations with men—to draw repeatedly the conclusion that she was not liked, from most insignificant, generally misinterpreted or exaggerated signs. She usually reacted with a restrained depression but the bitterness of a deep melancholy broke through each time the man approached her with special tenderness. The sequel was also repeated in the same way: the surprised and estranged man became tired of the unchanged repetition of the doubts and reproaches, and withdrew. In her childhood, at the peak of her oedipus complex, the patient became ill at the same time as her sister. Unfortunately her sister had a serious illness, and the parents' and doctor's attention concentrated on the imperiled child. Our patient felt extremely neglected, and as she had no idea of the real nature of her sister's illness, she was very definitely convinced that she was not liked at all and therefore abandoned.

Before turning to other examples, we may say that compulsive repetitions are quite obvious in the cases cited. Traumatic experiences in childhood and the creation of similar situations in later life and in psychoanalysis could be confirmed.

It seems difficult, however, to ascertain the restitutive functions in these instances. We have no reason to assume that



there was a decrease in the intensity on repetition. Certainly, there is a theoretical way out: the assumption of an unlimited, practically interminable discharge through repetition—but this is the matter in question. At best, the assumption of a repeated partial discharge is reduced to a mere theoretical postulate.

As to the rôle the ego plays in these repetitions, we know that they usually occur in analysis when the strength of the defense of the ego is reduced by therapeutic interference. An active participation of the ego, however, is not seen in these cases, except that repetition of this kind in analysis has been ascribed sometimes to the repetition compulsion of the id, sometimes to the ego which has been regarded as using the repetition compulsion of the id for its resistance. Resuming the question of the participation of the ego, we must say: the phenomena which we may ascribe to the repetition compulsion are brought about under certain conditions of the ego; either the countercathexis of the ego is lessened (after the danger, in shock dreams, in analysis) or the ego uses the phenomena of the repetition compulsion in a more active way (in accident neurosis, in the situations of analytic resistance).

This active participation of the ego, however, is far from what is shown by Freud's example of the child's play. Here we find a very different picture. There seems to be less, or even no, automatic repetition—such as is shown in the clinical cases described—and the activity of the ego in attempting to overcome the traumatic experience is definitely clear. But there is another point. We have seen in the shock neurosis that the repetitive and restitutive functions seem to coincide. In the examples taken from analysis the repetitive or reproductive function could be proved, but not the restitutive one. In the instance of the child's game, on the contrary, we see both tendencies in close connection with the ego. At this point perhaps the problem may appear rather more confused than clarified. Is the repetition compulsion a property of the instincts or is it a function of the ego?



## IV

Perhaps we may obtain a better understanding of the rôle the ego plays in compulsive repetitions when we turn to the question of how the ego deals with painful experiences. We may expect to find that the ego has many mechanisms at its command. Since all of them cannot, of course, be considered here, I should like to demonstrate only three of the most important and typical ones, which I propose to call 'working-off' mechanisms, a term to be commented upon later. They are rather well-known.

How do we alleviate tensions in daily life, minor excitements of different kinds, the numerous slights to our self-esteem, emotional reactions to the loss of persons or things, feelings of disappointment, anxieties, fears, and so forth? Excitement will not trouble us very much if it is relatively unimportant, of very little intensity. But if the tensions are strong and neither repression nor discharge takes place, ways of 'working-off' set in. I should like to choose a trivial instance: I poured ink on a book, very important to me. This detracts from its usefulness. The anger or sadness because of the loss of the book will correspond to the emotional value it has for me. But perhaps I shall find that I can use it in spite of its condition. Or I might make up my mind to buy a new book. The delight in having a new one, perhaps the pleasure of spending money and buying it may compensate for my anger. In case I should feel more anger because of the unnecessary expense, I might have the appeasing idea of purchasing the latest edition. Or I might, should I somehow be inclined to have guilt feelings and a need for punishment, connect the expense (this time probably unconsciously) with the idea of sacrifice, and so get further satisfaction, and so forth. I think it is not necessary to dwell on more details.

We can also describe the process more figuratively by saying that the painful tensions are dispersed, as it were, to other complexes of thoughts and emotions so long as they are not reduced or annihilated by compensating pleasure. One may



speak of compensation as a working-off mechanism (law of compensation).<sup>3</sup> This mechanism works entirely according to the pleasure principle.

I pass over other methods of working-off and should like to turn to the so-called work of mourning. Mourning is rather a complicated emotional state. It is possible to distinguish different factors: the mournful depression, the longing for the lost object, and the painful awareness of the loss which cannot be retrieved. The work of mourning may be performed partly according to the law of compensation. Usually it takes place by way of a repeated reviving of the affect, together with associated thoughts and memories, and is mainly performed through the detachment of the libido from the lost object. Various parts of the libido may be displaced to other persons and things or transposed to the ego by identification with the lost object. (I omit here the archaic mechanisms which take part in the work of mourning, as well as the frequent complications arising from feelings of guilt, since they are not relevant to our problem.)

It is only of interest here that the feeling of sadness is not discharged in a direct way. The depression is the immediate emotional expression of a deep shattering of the narcissism of the person, a kind of let down due to an inability to live without the lost object. With the gradual detachment of the libido a progressive recovery of the disturbed narcissism follows and thus a dissolution of the emotional tension is indirectly achieved (working-off by detachment of the libido).

The third form of working-off which I should like to mention will lead us back to the repetition compulsion. A young girl intended one day to go skiing on a hill and set forth quite alone. She had been instructed to turn at a certain point but she could not find this place. Finally she discovered what she thought to be tracks in the snow. She followed them and found herself very soon on a steep slope. Though she asked herself whether it would not be better to return, she pursued her way

<sup>3</sup> Cf. Tausk (20).



under difficulties until she no longer dared to turn back. Seeing that there was a large smooth part about fifty yards below the slope, and being well trained in mountain climbing, she decided to climb down. After a short time she discovered that the slope became steeper and overhanging. In quick decision she threw off her skis and knapsack and heard them fall upon the ground after a very short time. Then she began to climb back. She succeeded in doing so only with great effort. Exhausted and depressed she turned homeward. After a short time she discovered the trail she had overlooked, followed it and found her knapsack and skis on it.

This patient arranged similar situations in her life in series. Fortunately they were not always as dramatic and sensational as this one, but a few times she really exposed herself to danger. She liked to play with dangerous situations and created them in a playful way. This conduct could be traced back to observations of coitus, and frightening experiences with her puritanical mother. She had intense fears of love, of sexuality and especially of sexual excitation. To her all this meant danger. She applied the same method when a man caused her sexual excitement against her will: she tried to come very close to him and provoked the excitation repeatedly until she got accustomed to him and did not react any more in this way. In adolescence she used to ride on her bicycle toward approaching thunderstorms or she liked to stay in isolated places alone over a long period. Very early in childhood she experienced fears of being left alone, of losing her love objects. She remembered that a dominant childhood idea was of her mother leaving her alone and thus exposing her to dangers coming from other persons, especially from her father.

I restrict myself again to the points which are of importance to the problem in question. There is repetition but no progressive discharge. The relation of the ego to these compulsive repetitions is of various kinds, either passive (cf. the experience on the hill) or even overactive: the patient tried to overcome the frightening situations by seeking them or creating them



actively, sometimes in a serious, sometimes in a more playful way. These different attitudes led, as it were, to different results. The one of immediate interest to us is the overcoming or assimilation of the traumatic fear, especially by way of achieving an adjustment; that is, the ego is then enabled to experience similar events without anxiety being aroused.

The factors involved in this process may be described briefly. In this way the ego actively learns to control the situation and by this control strengthens its narcissism and reduces the quantity of anxiety. The ego acquires an increasing insight into the real structure of the situation (the thunderstorm did not kill me, since I have survived). Schilder assumes that the meaning of the repetition of the traumatic experience lies in this fact: 'They [the patients] use the past experience as a warning and as a consolation since they have survived'. Through the repetition of the dangerous situation the unknown becomes familiar, with a correspondent decrease of emotional cathexis. Displacements of libido certainly play an important rôle in this process. All these factors permit an increasing ability to master the situation.

We have in the survey of the activities of the ego analyzed three of its most common mechanisms which I suggested calling 'working-off' mechanisms. To summarize, they are: first, that which follows the law of compensation; second, that consisting of the detachment of the libido; and third, that of adaptation to the danger through familiarity and so forth. What does this contribute to the solution of our problem? We saw on the one hand that in all these instances certain tensions which could not be discharged tended to be repeated. But this brings hardly any change in the tension. Then the working-off mechanisms of the ego set in to dissolve this tension. The restitutive tendency is thus a function of the ego. The trend to repetition remains with the undischarged tension caused by painful experience.

Applying this to our clinical examples we may say: the repetition compulsion is thus a property of the instinctual drives,



of the id; the restitutive tendency is a function of the ego. But how does the active repetition of the traumatic experience by the ego fit into this scheme? Or in general, what is the relationship between repetition compulsion and the ego?

Before proceeding it would be well to justify the distinction between the different groups of dynamic mechanisms. The conception of the working-off mechanisms is not identical with the conception of the defense mechanisms, so familiar to us. The background in common is the tendency of the ego to eliminate tension complexes, in whatever way this may take place. Fundamentally, the defense mechanisms do not tend toward the dissolution or assimilation of existing tensions. They aim to push them aside, to get them out of the way, or to render them harmless, which happens in the familiar methods of repression, isolation, displacement, projection, and so forth. But they do not change the tension as such, only certain of its conditions or features.

Abreaction, on the other hand, means a direct discharge in the way of satisfaction, whether it takes place immediately or later, and whether it occurs all at once or in repeated small doses.

Fenichel makes another distinction, from the point of view of abreaction, between defense mechanisms and the synthetic infiltration into the structure of the ego. The defense mechanisms block the discharge more or less completely. The absorption by the ego changes object and goal of instinctual drives without interfering with their discharge.

Working-off mechanisms of the ego are directed neither toward discharge nor toward rendering the tension harmless; their function is to dissolve the tension gradually by changing the internal conditions which give rise to it. It cannot be denied, however, that abreactions in small doses may take place during this process. It seems to me useful for many reasons to make this distinction between defense mechanisms and working-off mechanisms.



## V

Let us now return to the function of the repetition compulsion. What is the consequence of the separation of the restitutive and of the repetitive functions? It leads to an unequivocal conception of the repetition compulsion and to definite ideas regarding the relationship between the ego and the repetitive core (a term first used, I believe, by L. S. Kubie).

Let us deal first with the conception of the repetition compulsion. From all that has been said, it may be assumed that a formative influence on an instinctual drive is brought about by a traumatic experience—that it influences, as it were, the course and the aim of the instinct. This is by no means new in psychoanalysis. We are quite accustomed, for instance, to speak of a libido fixation through trauma, through seduction, prohibition and so forth, which means the fixation of the libido (following the pleasure principle) to certain objects and aims under the influence of a traumatic experience. Originally there was nothing problematic about this since it was theoretically in complete accordance with the pleasure principle. There was no question as to how the mechanism of fixation took place. Freud spoke of the adhesiveness of the libido.

What then is new about the repetition compulsion? Fundamentally the conception of the repetition compulsion conveys the idea that a fixation to unpleasant experiences is also possible, and that events which are by no means pleasurable are also able to exert a formative influence on instinctual drives. The explanation for such a fixation could not be derived from the pleasure principle nor from the known characteristics of the instincts. The explanation grew from the assumption that the instincts tend to cling to primary or intense experiences and to follow the way paved by these experiences irrespective of pleasure or pain. Freud considered this a fundamental characteristic of the instinctual drives. Supported by biological considerations the conservative tendency was finally assumed

to be a characteristic of all living substance. According to the original conception this conservative tendency had, as I pointed out at the beginning of this paper, a double meaning: the maintenance of impressive experiences, and the throwing off of conditions which have been imposed upon it to reinstate earlier ones. It is clear that in our analysis of the conception of the repetition compulsion the former meaning is the only significant one.

Thus the repetition compulsion is an instinctual automatism. The theory of the repetition compulsion is actually the theory of fixation in general, that is, of those enduring forms of instinctual drives caused by traumatic or intense experiences independent of the pleasure principle. In Freud's formulation: 'The fixating factor of repression is the repetition compulsion of the unconscious id'.

Once the mechanism of repetition compulsion in the case of unpleasant experiences was recognized, it became applicable to the fixation to pleasant experiences also. Thus there is no fundamental difference between fixation and repetition compulsion. Nunberg defines the repetition compulsion in this respect as the disposing factor to fixation. Fixation is the established link between an instinctual drive and certain impressions. The tendency of the instinctual drive to create such links, and consequently to repeat an experience, is called the repetition compulsion. In a dynamic sense repetition compulsion and fixation can be defined—to use a formulation of Freud—as 'the attraction exerted by the unconscious prototypes upon the repressed instinctual process'.

But there is another point. In the examples given to illustrate the working-off mechanisms it is evident that once the tension is established it tends to repetition until the ego sets in to eliminate it. Under certain conditions, however, any correction by the ego of the fixed painful experience is defied. This condition is repression. A case may be imagined in which a fixation of a painful impression is brought about in childhood



by a traumatic event without any repression. We may assume that in this case the ego—as the development proceeds—would discontinue the fixation and reestablish the ‘normal’ condition of the instinct. This happens also in psychoanalytic treatment, but indeed under far more complicated conditions. Just because a repression prevents the correction of the fixation by the ego, the repetition compulsion retains full force over the instinctual drive.

## VI

The repetition compulsion is thus attributed to the instinctual drives and the restitutive part to the ego. It might be preferable not to use the term ‘restitutive tendency’ but to speak instead of the management of the repetition compulsion as a function of the ego.

Let us now resume the question of the relationship between ego and repetition compulsion. This may at the same time give us an opportunity to determine to what degree the outlined conception is valid as an explanation of all the varied clinical phenomena of compulsive repetition.

This relationship can be followed in two directions, depending upon whether the repression has ceased to exist, or whether it still remains. If, for example, the repression is abandoned, as in psychoanalytic treatment, the ego is called upon to deal with the relaxation of the repetition compulsion and the new formation of the instinct. Detachment of the libido, compensation and even adaptation through familiarity may play the principal rôle in this process. It is still the task of psychoanalysis to study these processes which we know from experience are not simple. Nunberg, in his paper at the 1936 Congress in Marienbad, has treated this subject thoroughly (14). But what is the relationship between the ego and the compulsive repetition in those cases where anticathexis has not been abolished? There are again two possibilities: either the ego is weaker in relation to the repetition compulsion or it is

stronger and therefore able to deal with it actively. In general it may be said that a tendency exists on the part of the ego to maintain the anticathexis.

The tendencies directed by the repetition automatism may occasionally break through the anticathexis. When this happens, they impress us as strange, 'demonic' forces (the girl on the hillside). The overwhelmed ego maintaining the passive rôle is then compelled to carry out the repetitions until it succeeds in closing the gap by counter-cathexis (repression) as it did when the trauma occurred. It is difficult to say in which other ways the compulsive repetition may be overcome when this breaking-through takes place. It seems that the ego under such circumstances is hardly able to cope with the automatic repetitions.

The conditions under which the repetition compulsion breaks through the anticathexis are obviously varied. It seems in most cases that the ego is weakened. In psychoanalytic therapy the ego relaxes with the advancing analysis of the defense. This brings about repetition instead of recollection. Reproduction of shock situations in dreams may occur more easily since the anticathexis of the ego is reduced during sleep. In other cases the ego may be weakened by strong masochistic attitudes, which again may favor the breaking-through of the repetition compulsion.

When, on the other hand, the ego is strong enough, there are other possibilities in regard to the relationship between the ego and the repetition compulsion. The ego may keep the repetition automatism of the instincts strongly repressed or it may, in a manner of speaking, coöperate with it.

The simplest way in which the ego may deal *actively* with a repetition compulsion is to permit its reactions up to a certain point in order to make use of it for its own purposes as, for example, for resistance in psychoanalysis.

There is another opportunity for the ego's participation in the compulsive repetition. That is the possibility of the repetition compulsion's being taken, so to say, into the per-



sonality, absorbed by the ego, thus influencing actions and life, as, for example, in the destiny neuroses and certain types of character neuroses. This can be characterized as a kind of compromise between the ego and the repetition compulsion. How difficult it may be, in some cases, to detect compulsive repetitions clinically, and to distinguish them from the person's total behavior, is well known.

There are different ways in which the repetition compulsion may be absorbed into the personality. The absorbed repetition compulsion may run into socially acceptable channels or it may be used by the ego for other purposes. The patient who produced the adventure of the mountain slope, from the end of adolescence was passionately devoted to mountain climbing and had a reputation for fearlessness and daring. To quite a number of friends she appeared the paragon of health. We may describe this kind of participation, which is partly active, partly passive, as making a virtue of necessity.

Absorption into the personality may occur in connection with the process of adaptation. This active working-off, as in the quoted playing of the child and again in the case of the mountain climber who partly playfully, partly seriously sought 'dangerous' situations such as thunderstorms, loneliness, and so forth, in order to see whether she was able to cope with them, is no doubt associated with a strong pleasure factor of a narcissistic nature. Freud points out that 'repetition, the recognition of identity, is in itself a source of pleasure'. This gain in narcissistic satisfaction may lead, even if the painful trauma has been overcome, to the maintenance of the tendencies of repetition, that is, to the enjoyment of loneliness or of dangerous situations.

Perhaps the most frequent way of taking the compulsive repetition into the personality is through sexualization when, for instance, the repetition compulsion becomes linked with masochistic drives. Again the mountain climber patient is an excellent example of this. Her repetition of dangerous situations was frequently complicated by obvious masochistic



tendencies. A pleasure in suffering was sometimes quite pronounced in this patient. By such libidinization the compulsive repetition is placed at the service of the pleasure principle of the id. It is this subsequent connection that renders the theoretical evaluation of the repetition compulsion so difficult at times.

It may appear that it is futile to distinguish between the repetition of painful and pleasurable impressions, since intense pleasurable events may also be subject to the repetition compulsion. This cannot be the case, however, because the repetition of the unpleasant, beyond the pleasure principle, is the most important proof of the existence of the repetition compulsion.

The question of how the active repetition of the traumatic impression by the ego is to be interpreted is answered by the discussion above of the possible relationships between the ego and the repetition compulsion. The instinctual trend to repeat the once experienced impressive event is a challenge to the ego, which may use various ways to manage this urge. It may—among other possibilities—use this trend actively in order to manage it. The repetition compulsion must therefore be considered as a property only of the id.

## VII

We may attempt now a brief survey of the relationship between the pleasure principle and the repetition compulsion. The repetition compulsion is beyond the pleasure principle but not absolutely opposed to it. It exists, as it were, prior to the pleasure principle and is broader, since it can fix both the pleasurable and the painful. It exerts a certain influence on the pleasure principle by fixing the instincts aiming at pleasure to certain objects and aims.

Of greater importance, however, is the relation between the repetition of painful experiences and the pleasure principle. This relationship is only a special part of the broader one



between the pleasure principle and the unpleasant in general in psychic life.

Freud has pointed out 'that even under the domination of the pleasure principle there are ways and means enough of making what is in itself disagreeable the object of memory and psychic preoccupation'. The painful element is wrought into pleasure in the manifestations of art. This is perhaps most obvious in tragedy, poetry and music. Fundamentally almost no mental phenomena exist that are not directly or indirectly, primarily or secondarily, subject to the pleasure principle. Once the repetition of the painful is accepted as being beyond the pleasure principle, there is nothing surprising about the assumption of a secondary connection between this repetition and the pleasure principle.

First a distinction may help clarify this problem. The given examples provide an opportunity of confirming that the repetition compulsion can enter into union either with the narcissistic pleasure of the ego (*Ichlust*) or with the instinctual satisfaction (*Eslust*). The pleasure in actively repeating and overcoming the traumatic experiences, and the pleasure in rediscovering the identity of the repeated, etc., are instances of a conjunction of ego satisfaction and repetition compulsion. The libidinization of the repetition compulsion is an example of its being linked with id satisfaction. The authors who object to the conception of repetition compulsion as being beyond the pleasure principle link the repetition either with the pleasure principle of the ego or that of the id according to whether they consider it a property of the id or of the ego.

Whenever the ego deals with the repetition compulsion, it acts under the influence of the pleasure principle. Therefore the intimate coöperation of the ego with the repetition compulsion could hardly be used as an argument against the independent existence of the repetition compulsion. This may be different with the secondary libidinization of the repetition compulsion, which does not, however, occur regularly. It is—as we pointed out—not easy in many cases to prove the



secondary character of this libidinization directly from clinical material; but such an assumption is suggested by certain observations and considerations. The repetition of traumatic situations in dreams, the active repetition of such experiences in a 'playful' way by the ego in order to reduce anxiety usually do not show any implication of masochistic tendencies. There is further the analogy of the libidinization of anxiety and fears. The assumption of such a secondary libidinization of anxiety is familiar and has proved useful; but this does not permit the conclusion that the anxiety originates from masochistic drives. Even the repetition of anxiety in typical situations is not necessarily caused by the libidinization.

This is precisely the case with the compulsive repetition of painful events. Though the repetition compulsion does not escape the general fate of being subjected in the course of events to the powerful pleasure principle (of the ego and the id) it is by its very nature beyond the pleasure principle.

Authors who deny the independent existence of the repetition compulsion because they consider it as being within, and not beyond, the pleasure principle, do not, as far as I can see, take into account the possible explanation of a secondary libidinization.<sup>4</sup>

## VIII

Should the repetition compulsion really exist in the form described some questions still remain.

(1) What is the relationship between reproduction and recollection? Reik discussed this in his book *Surprise and the Psychoanalyst*. He sees in reproduction and recollection two variables of the same process: 'The compulsion to repeat is the earlier archaic attempt to dispatch our experiences. The tendency to reminiscence is a later, more spiritual form of the same attempt.' This statement makes it clear that Reik considers

<sup>4</sup> In a paper published recently, Dr. Ives Hendrick discusses the secondary libidinization of the instinct of mastery, which he holds gives rise to the repetition compulsion (*This Quarterly*, XI, 1942).



the repetition compulsion as mainly a regulative principle. He consequently continues later ' . . . that originally reminiscence implied the attempt to assimilate an experience by reliving it in the imagination' and ' . . . that an experience is not mentally assimilated until it has been often and clearly enough recalled as a reminiscence'.

Reik's viewpoint conforms with the conception of Freud that thinking developed from acting, and is a kind of testing or trial-acting. But the distinction made by Freud between reproduction and recollection in psychoanalysis indicates differences in their dynamic structure. Reproduction in analysis and in life is frequently a multiply determined process. In general we may say, reproduction ('acting-out') will occur only under the condition of weakened but not completely dissolved repression. Repetition in the form of recollection will occur if there is no—or no longer—repression, and until the tension is dissolved or assimilated by the ego with the help of the working-off mechanisms.

(2) The traumatic neurosis remains problematic in certain respects. It appears a clear example of the abreactive function of the repetition compulsion and seems thus to contradict the conception of repetition compulsion as elaborated here.

Many of the symptoms presented by the traumatic neurosis can be considered as delayed abreaction of paralyzing anxiety. But there is perhaps another point. I mentioned before that a case could be constructed where a fixation of a painful impression is brought about by a traumatic event without any repression. Possibly some types of accident neuroses are purely of this nature. This is probably the meaning of Freud's remark that in traumatic neuroses new anxiety is created. If no complication exists such cases may spontaneously recover after a limited period of time. This will be different, however, when repressed instinctual drives participate in the creation of a shock reaction.

Observations made in the present war prove that the weakening of the ego and the disturbance of the libidinal equilibrium



are among the most important inner conditions for a traumatic reaction. The civilian population has by far not developed as many traumatic reactions as soldiers. The civilians continued in their daily routine and thus retained their established emotional set-up, unlike the soldiers who lost theirs and had to adjust themselves to new and mostly unfavorable conditions. Furthermore, as recent observations have demonstrated, they have frequently been placed in positions not corresponding to their abilities. They consequently feel frustrated because the demands of their positions are either considerably below or beyond their capacity. Especially in the latter instance a severe tension ensues. Thus the weakening of the ego and the libidinal disequilibrium creates a kind of preparation for the traumatic reaction.

Freud, Jones and others have proved that certain specific instinctual tendencies play a basic rôle in shock neuroses. This led to the conception that the traumatic experience is the result of an interplay between the objective intensity of the experience and the instinctual and ego structure of the individual at the given time. Though, as has been indicated before, some of the symptoms of traumatic neurosis can be explained as delayed abreactions of anxiety, the repetition of the traumatic experience, e.g. in dreams, is primarily due to the repetition compulsion.

Another difficulty is offered by patients with a certain type of accident neurosis who expect to obtain certain gains from their disturbances, especially monetary compensation. Such patients are able to retain the symptoms over an almost indefinite period of time. It seems possible, however, to interpret such an attitude from the point of view elaborated here. If there is no simulation but a true shock or accident neurosis, the patient goes through the typical development of a traumatic experience. He is able, however, to impede the natural process of recovery; unconsciously or preconsciously he may block or at least slow down the working-off mechanisms which would operate to eliminate the persisting tension.



(3) The tension-controlling methods of the ego require further and more detailed investigation, especially in respect of relative importance, distribution and combined functioning. The functioning of the working-off mechanisms seems to be combined with abreaction in small doses. We may distinguish roughly between certain ways of management of tensions: (a) simple satisfaction (simple discharge); (b) inhibition (discharge of tension temporarily blocked); (c) repression (tension complex banished from consciousness, held up permanently from direct and complete discharge); (d) transformation (certain features of the tension complex, e.g. the object or the aim are changed, while discharge is practically not interfered with). One important type of transformation is the assimilation of the tension by the ego. (e) Dissolution (the internal conditions giving rise to the tensions are eliminated). There are of course other possible principles of grouping. Fenichel, as mentioned above, attempts to distinguish between defense mechanisms and synthetic infiltration into the structure of the ego, from the point of view of discharge; defense mechanisms prevent complete discharge, absorption by the ego changing object and goal without interfering with the discharge. The five ways of tension management we have described differ to some extent from the conception of tension management through the mechanisms of defense, working-through, and assimilation by the ego. There is obviously a certain overlapping. Transformation may occur during the process of defense either as a manifestation or as a result, or it may occur during individual development quite independently of any need for defense. Repression and many forms of transformation, including infiltration into the ego, are usually grouped together under the heading defense mechanisms. This conception, derived from the study of conflict situations, obviously comprises mechanisms different in value. The term, methods of tension management (*Verarbeitungsweisen*), is the broader one, comprehends unconscious as well as preconscious and conscious ways of tension control, and permits further subgrouping. The term (defense)



mechanisms could be reserved for the unconscious, automatic ways of tension management. Though these conceptions need systematic investigation and clarification, we are unable to pursue the topic at this point.

*Summary:* Repetition is a descriptive term which comprises various kinds of repetitive behavior. Some of them may clinically be characterized as forcibly persistent, highly impulsive, or 'compulsive' repetitions. A grouping of repetitive behavior patterns may be based on descriptive or explanatory principles or on both. In accordance with Hartmann we distinguish between (1) response repetition (similar reactions to similar stimuli); (2) pleasurable repetition (of what is pleasurable in itself or leads to pleasurable results); (3) tension repetition (of the undischarged); (4) routine repetition (routine behavior, e.g., habits) and (5) fixation repetition, a term, which as a result of the discussion presented here, may replace Hartmann's 'repetition due to an unassimilated trauma'.

The term repetition compulsion, though sometimes mistakenly used in a descriptive sense, is a purely explanatory conception. It aims at explaining certain 'compulsive' repetitions by the assumed tendency of the instincts to surrender to the formative influence of overwhelmingly intense, powerful, 'traumatic' impressions, whether pleasurable or painful.

Since this paper was first presented, Ives Hendrick has published an article, *Instinct and the Ego during Infancy*, in which he discusses at length the relationship of the repetition compulsion and the pleasure principle on the one hand, that of the repetition compulsion and the conception of the instinct to master (which he introduces), on the other hand. The repetition compulsion is a 'latent' property of this instinct and becomes manifest under certain conditions. The manifestations of the repetition compulsion are: (1) The need to practice the partial function of the ego (in the way of repetition) during the learning phase; (2) the compulsive play of later infancy; (3) the compulsiveness of neurotic symptoms in



general. With regard to the conditions: the repetition compulsion is made apparent by the effort to master when the ego function is not adequate, or whenever the ego is not adequate to perform an instinctual impulsion. On pages 47 and 48, Hendrick gives a more detailed list of the conditions which release compulsive repetitions. To avoid full quotation, I should like to condense these conditions into three groups. Compulsive repetition occurs (1) when the ego's capacity for efficient performance of partial functions is not yet fully developed; (2) when the matured function is frustrated from without or within; (3) when functions remain for certain reasons immature. As the two first seem in a certain sense to be related to each other, one may summarize the conditions into two groups: when (1) functions of the ego have not yet matured (in the child) or have failed to mature (in the adult), or when (2) the matured function is obstructed by internal or external conditions, the instinct to master is frustrated and its latent tendency toward compulsive repetition (repetition compulsion) becomes manifest. A detailed discussion of these statements may be reserved for another opportunity.

At present I should like to compare Hendrick's view with the one elaborated here. Hendrick describes the repetition compulsion as a latent property of instinct and defines it as a 'compulsion to repeat'. But this repetition compulsion is not the same as that which Freud described as the conservative nature of the instincts, the impressibility of the libido, its adhesive nature, its fixability, the tendency toward 'binding' on the one hand, the urge toward discharge, toward restitution, toward regaining the pretraumatic situation on the other, tendencies which I separated here as the repetitive-reproductive and the restitutive. Hendrick's conception of the repetition compulsion comprises, as far as I see, two factors. First there is a tension complex, so far as repetition occurs when the instinct to master, with the goal of adequate performance of function, is frustrated by inadequate functions. There is the question, whether the frustration of the instinct to master as



such leads to tension and consequent repetition or whether the instinctual drives of the id, failing of adequate discharge because of an inadequate ego function, result in tension and repetition. Probably it is sometimes the one, sometimes both. However this may be, the resulting repetition belongs then to the group of tension repetition (Hartmann's trend to repetition of the undischarged or, as we may also say, inadequately discharged).

From this it seems that Hendrick attempts to explain compulsive-repetitive behavior by the forcible urge of multiple obstructed needs. But this is exactly what Kubie is aiming at. From this point of view Hendrick's and Kubie's conceptions seem related to each other. The main difference, as pointed out by Hendrick, is that Kubie's tension repetition refers to the instinctual drives (within the pleasure principle of the id), whereas Hendrick's refers to the ego instinct to master, which is included in the pleasure principle of the ego.

It is interesting to see that the final conclusions of both authors with regard to the concept of the repetition compulsion differ fundamentally. Kubie considers the theory superfluous, since compulsive repetition seems to him sufficiently explained by the pleasure principle of the id. Hendrick, too, comprehends the compulsive repetitions as the result of tension, but within the pleasure principle of the ego. That means that even if the content of the repeated is unpleasant the repetition serves the pleasurable tendency of the ego to achieve mastery. This coincides with certain statements made in this paper. But Hendrick's theory of the repetition compulsion seems to go further. Here is the point where, at least in my opinion, the second factor enters. Hendrick apparently refers the fact that it is repetition which the instinct to master employs as its method of achievement, to a basic property of this instinct, defined by him as compulsion to repeat or as repetition compulsion. Hendrick's answer to the question, whether the repetition compulsion is a property of id or ego instincts, seems thus to be in favor of the latter.



There is a remark in Hendrick's article, however, which presents a different aspect. In paragraph three of his list of conditions releasing compulsive repetition he states that the exercise of a matured function may be disturbed by 'survival of a dominant compulsive pattern of instinctual discharge which is not subordinated to reality principle or superego'. Unfortunately, Hendrick does not discuss the implications of this statement. It seems, however, that he accepts the possibility of a repetition compulsion of the instinctual drives which apparently becomes manifest in 'compulsive' patterns of discharge.

This permits the conclusion that Hendrick comprehends the repetition compulsion (in the sense of a compulsion to repeat) as a property of all instincts, those of the ego as well as those of the id. Of all the characteristics of the repetition compulsion in Freud's conception, as mentioned before, Hendrick took over only one, the urge to repeat. This may indeed be the common denominator of the three groups of phenomena which Hendrick considers as manifestations of the repetition compulsion. The question arises here whether it is a satisfactory logical procedure to explain certain types of repetitive behavior by the assumed compulsion to repeat as inherent in the instincts.

Generally speaking, there are three possibilities of placing the repetition compulsion. One may refer it to the instinctual drives of the id, or to the ego instincts, or to both. This leads to three different conceptions of the repetition compulsion. If we ascribe it only to the id, it would unavoidably be conceived as an instinctual automatism, as tension repetition or as fixation repetition. If we refer it to the ego only, it necessarily is comprehended as restitutive or regulative dynamism. If one attributes the repetition compulsion simultaneously to both the id drives and the ego instincts then probably one would accept Hendrick's conclusions.

In the light of the view expounded here, the tendency to 'compulsive' repetition is in the first place due to instinctual

tensions, which follow the path established by certain formative impressions. This conception narrows the repetition compulsion down to a property of the id drives. The ego in its attempt to manage the disturbing tensions may apply different methods. Active repetition by the ego is only one way to manage or to master the phenomena of the repetition compulsion. The ego, as it were, unites the instinctual urge with repetition for its own purposes.

It is a problem in itself whether this tendency of the ego to control tensions should be ascribed to an independent instinct of mastery. It would lead too far afield to discuss this question here. The instinct to master corresponds to a certain extent with what has been described in this paper as the restitutive tendency of the ego. I wonder, however, whether it would not suffice if this active repetition were ascribed to the alarmed ego's need to assimilate disturbing tensions, to its resistance to disturbances from within, and to its tendency to reestablish 'homeostasis' (Cannon). How far this may apply even to the process of learning deserves some discussion.

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# THE ANALYSIS OF A CASE OF COMPULSIVE MASTURBATION IN A CHILD

BY ELISABETH R. GELEERD (TOPEKA)

A survey of available psychoanalytic literature has failed to reveal any detailed account of the analysis of cases of compulsive masturbation in children, and this fact seems to warrant the report of the analysis of a case of this kind at some length.

The child, Erika, a little girl seven years old, was brought for treatment by her mother, because she masturbated constantly and overtly. This symptom had existed since the child was a baby just beginning to sit up. The parents had beaten her and used other punishments in their attempts to cure her, and had also taken her to many doctors and clinics, but nothing had helped. The mother thought that circumcision of the clitoris might bring the desired result.

Besides the compulsive masturbation there were other symptoms. Erika made scenes whenever she could not have her own way, and often these developed into temper tantrums. She also bit her finger nails and made faces. At school she had no friends and never played with other children. When she had to join a group in play she disturbed the other children because she would not follow any rules. She tolerated one little girl who came to her house now and then, but only because this child did everything Erika commanded. In class Erika apparently paid no attention to the work of the day but merely sat and masturbated, especially during arithmetic. The teacher thought she was backward, but a Revised Stanford-Binet test carried out after some analysis showed an I.Q. of 104.

Erika was the only child of a forty-six-year-old mother and a thirty-seven-year-old father, who was a postman. She was born after seven years of marriage and was a wanted child. However, the mother had never thought she would have a girl and so had



not thought of a girl's name. The obstetrician gave her the name Erika. Apart from the masturbation, the mother said everything about Erika was 'beautiful', and her insistence on this seemed a denial of her shame and worry about the child.

The child had slept in her parents' bedroom until she was five years old. The mother had breast-fed the child until she was two years old. An attempt at weaning was made at nine months, but the child refused to take any food and the mother went on with the breast feeding. There was a precedent for this in that the mother and her siblings had all been breast-fed for two or three years. The mother was a cook before her marriage and she loved to eat and cook. She was very fat. Erika did not like to eat many things, but her eating disturbance was not a source of conflict because her mother gave her only what she liked.

Toilet training had been begun at three months, and later the mother saw to it (with medicine if necessary) that the child had a bowel movement twice a day. The mother also washed the child's genitals every morning and evening. The analyst suspected on hearing this that the daily washing and Erika's masturbation were connected, the normal masturbation having been greatly intensified by overstimulation of the child's genitals. In addition, the mother had strongly forbidden masturbation, had beaten the child because she would not stop, and inspected her genitals every evening to see if she had disobeyed. Often, on these occasions, the mother complained that the genitals smelled bad, and washed them again, thus stimulating the child anew. Erika generally masturbated in her mother's absence, and the mother thought this fact proved that the habit was only naughtiness, since it could be controlled in her presence.

Until the age of five, when Erika went to school, she had never been separated from her mother. She had had almost no opportunity to meet other children, as her mother had said they were not good enough for her. It is probable that the mother felt ashamed of her child and wished to avoid comments and criticism from other mothers. She also had tried



to keep the child attached to herself, both physically and psychically, as much as possible.

The father was much more normal than the mother and loved his little daughter very much, but he was away from home the whole day. He was much more lenient than the mother, and therefore there were frequent arguments between the parents about Erika.

In the weekly interviews with the mother it became clear that in addition to analyzing the child, the analyst would have to change the mother's attitude. First, one had to stop the washing of the genitals and the beating as a punishment, and second, one had to loosen the mother's hold on the child. The second task was much more difficult, and only time will tell how far it was successful. It was impossible to expect a completely satisfactory result, because the attitude of the mother was rooted in her own neurosis and could not be fully resolved except in an analysis. But by relieving her feelings of guilt and having her revive with the analyst her relationship to her mother, it was possible to help her to modify the child's environment. Dorothy Burlingham<sup>1</sup> has described how closely the neuroses of mothers and of their children are connected and how very often the child acts out the neurosis of the mother. Erika's analysis confirmed this contention.

### *Erika's Analysis*

When Erika came to her analytic hour for the first time, the most striking things about her were her facial expression which made her look like a little old woman, her excitement, and her aggressive behavior. She picked up or examined everything in the room and said that at home or at school they had a similar thing or a bigger one. She made noises which were between coughing and swallowing and explained them by saying she had a 'lump in her throat'. She could not occupy herself with the toys but picked them up and then scattered them all

<sup>1</sup> Burlingham, Dorothy Tiffany: *Die Einfühlung des Kleinkindes in die Mutter*. Imago, XXI, 1935, pp. 429-444.



over the room. In the end she began to jump and to slide, then threw herself on the couch and moved her legs in the air, showing as much of her underwear as possible. In her excitement she often hurt herself or almost fell, and then would immediately repeat the event, saying that that was what she had wanted, and adding, 'I'm tough. I don't mind.' She used the same phrases when telling the analyst that her mother beat her because she had been naughty or had 'wriggled'. This was her own word for masturbation. She said that when her mother did something that Erika didn't like, she would shout: 'Old bitch, dirty woman!'

Quite in contrast with this coarse behavior was Erika's interest in fairies. She announced 'I am a good singer', and sang flat a song about fairies. The phrases, 'I am tough', 'I don't mind', 'I am a good singer', 'We have this at home, but bigger', showed that she tried to prove to herself and others that everything was all right with her and her home, and that she tried to deny her doubts about this. This denial reminded us of the same mechanism in her mother, which had been shown when she insisted that everything was beautiful about Erika.

Among the toys in the analyst's office there was a mother pig with seven little ones which all looked alike, but Erika said immediately that one of them was a 'piggy boy' and the other six were his sisters. 'Piggy boy' had a different position in the family; he did not sleep in the same bed with the sisters, and when the piggies played ball he went off with it. He also was afraid to be bitten by a lion, and he did not want to go to school but rather to stay home with his mother, to sleep like a baby. It was apparent that this 'piggy boy' figure was what Erika herself wanted to be: a boy who could stay at home with his mother alone.

She bathed all the pigs in plasticine, then smelled her hands and said, 'They stink', showing in this way that plasticine and faeces were closely related for her. Then she became very excited, took a little baby bottle in her mouth, bit through the rubber nipple, and then sat down and masturbated. She



showed very clearly here that her excitement expressed itself in oral (eating and biting), anal (plasticine), and phallic (jumping, dancing, and masturbating) outlets.

The little 'piggy boy' had many difficulties at school, especially in arithmetic, and was beaten very hard by the teacher (played by Erika). When she was beating she jumped up and down, indicating that for her the beating was something pleasurable, something sexual. Jumping as a manifestation of her excitement had been present in the analysis from the first day. The 'piggy boy' game was played for months, and the analyst sometimes was told to be the 'piggy boy'.

Soon some wild animal games entered the analysis. Erika played that she was a lion, a wolf, a crocodile, a leopard, etc., and that she ate the analyst, bit off her arms or legs, pushed out her eyes, and bit off her nose so that the blood streamed. Erika did not always play the rôle of the attacker. Sometimes she lay on the floor and pretended to be shot by the analyst. She moved her legs rhythmically up and down. Slowly it became clear that all these wild games had to do with sexuality.

Erika's 'lump in her throat' became more distinct during these games and her excitement became stronger, as shown by her dancing and jumping. One day she drew a toilet seat on which sat the analyst with big breasts, making as the child said, 'wee-wee' and 'bumb-bumb' (her words for urine and fæces.) Then she drew her father's penis, which she called 'dickey', and showed the analyst how he used it. She then had to go to the toilet herself to look at her own genital. She drew it and said that it was just as big as that of her father. She meant the length of the vulva. Erika then became very angry with the analyst, and said constantly, 'You will have to pay for that'.

She became more and more aggressive and destructive, almost causing a fire by throwing celluloid dolls on the electric stove. Her habits became more and more dirty; she picked her nose and smeared this dirt, as well as chalk and half-chewed candy given to her by her mother, everywhere. She tried to take away many possessions of the analyst and developed the habit,



after touching the stove or an object that belonged to the analyst, of falling on the floor, or, as she called it, 'falling down dead'. This behavior was understood as a mixture of resistance and of the acting out of sexual aggressions mixed with pregenital components. The falling down 'dead' may have been her conception of passive sexuality or the relaxation after the sexual act.

One day her aggressive behavior reached its height in a sudden exclamation, 'I am the wolf, and I come to eat you', and it was then that the analyst gave her the interpretation that her aggressive behavior at home and in the analysis was an acting out of her conception of sexual intercourse.

After this interpretation she arranged a theater where she was the actress and the analyst was the audience. She jumped on the couch and suddenly dictated a statement: 'Wriggling—I began it when I was two years old because I saw my Mom and Dad fighting each other. I was in my bedroom and they were in the kitchen. They make a lot of noise; they speak roughly; he said, "I'll kill you". I cried, "Oh, Mommy, what are you doing?" "Oh, you go to sleep, Erika dear." I picked my nose. Erika liked to wriggle because I hated to do anything else. Sums, they are too hard.'

It looked as if this was the condensation of what she actually saw and her reactions towards it. She then wished to dance with the analyst, showing in this way that the fight described was something pleasurable. She played a new game in which she and the analyst were two snakes who hissed at each other. She made all kinds of faces doing this and because making faces was one of her symptoms, it was brought in and discussed in connection with her observations of sexual intercourse, whereupon this symptom disappeared.

In about two more months it was possible to understand the connection between these observations and her masturbation at school. At a time when the material had centered around other things, she suddenly started an hour by pushing a little motor car backwards and forwards under the analyst's heel and saying, 'I am a crocodile, a lion, a tiger, etc.' She then



remarked that she had masturbated a lot at school that day. When the analyst asked if perhaps she had heard her parents the night before, she answered, annoyed, 'Yes, and they made such a noise'. To a question as to what she had thought about at school, she answered, 'About last night'. She could not have shown more clearly that her overhearing her parents was one of the determinants of her masturbation.

After having played the rôle of the active partner, she brought into the analysis her identification with the passive partner of the sexual act. She bent over the lap of the analyst and said, 'Beat me', was very naughty, and asked constantly in an obsessional way, 'Shall I get into trouble now?' 'What will they do when I do this?' It was punishment that she desired. But the passive fantasies were always accompanied by the aggressive ones, and soon lost their importance again.

In the next period, after three or four months of analysis, oral fantasies were expressed. The analytic material showed a number of fantasies about biting or being bitten, in which genitals and breasts appeared together. She said she did not want to play with the wild pig because the piggies were afraid of his teeth; and the play animals whose legs she had broken were not allowed to join the game. Here she indicated her fear of the results of accepting the passive rôle. She showed anxiety about going to the toilet because there might be a mouse there which would nibble at her genitals. She demonstrated this, nibbling at her nails. In these hours she also showed a great interest in breasts. She again dictated a story in the writing book: 'I like to nibble at my Mammy's breast; I hate my Mam, so I nibble at her breasts. If I can nibble at my Doctor Geleerd's breast when she should let me, I love to nibble like a mouse; therefore, I nibble my nails; oh, oh, oh, I do like to nibble at my nails; po, po, po. I have nail polish on my nails and a bit on my nose and my cheeks, and I pick my nose and I eat it.' This was a clear example of how stimulation of one component of the partial drives always stimulated the other. At this phase of the analysis it seemed that the genital had the same meaning for her as the breast. Erika's fantasy of sexual intercourse was that people bite off parts of each other.



Perhaps this idea originated at the time when she still was breast-fed by her mother and had watched sexual intercourse for the first time with consciousness. One may assume that the abnormally long period of breast feeding contributed considerably to these oral fantasies. She also indicated here the reason for her nail biting.

In the next phase of the analysis she showed aggressive, masculine behavior, and her fantasies dealt more with the penis. Her aggressive behavior, her obsession to destroy, her dirty habits, her overt masturbation, and the boasting increased. She would say, 'I can do this', 'I know that', 'I am a good singer (or a good sewer, or a good knitter)', 'I am already a very big girl', etc. These boasts served to deny her first apprehension that she wouldn't be able to do a thing. Being able to do a thing well meant having a penis, and she had to deny constantly the fact that she did not have one. Her impulse to destroy the accomplishments of others was the result of her jealousy of the real or imaginary penises of these other people. The analyst discussed this attitude with her and tried to show her that after all she was a very unhappy child and suffered a great deal, that she was bad at school, and that the children used to call her 'dirty little Erika', as she had once confessed. Her typical answer to this was the indignant, 'Blow you, Missus, I am a healthy little girl'.

To find out more about the way she masturbated, Erika and the analyst made models of the genitals out of plasticine. It was striking how exactly she was informed about the anatomy of the male genital. She demonstrated on the female model how she masturbated. She then put a piece of plasticine in the vagina of the model and also made the clitoris longer, thus betraying the fantasy that women have a penis hidden in the vagina, and her discontent with the size of the clitoris. During this period of the analysis of the penis envy she played with the imaginary tail of piggy boy, who was represented by the analyst, and it was explained to her that piggy boy was the boy she wished to be.

Thus, a second component of her compulsive masturbation proved to be fantasies about the penis she did not have. Her



doubt about the possession of the penis appeared in her inability to learn, although this was also due in part to her strong sexual excitement.

The realization of the fact that she did not have a penis led to a constant attempt to secure one at any cost. Thus she tried to take away possessions of other people. Or she fantasied that if one could make a hundred somersaults or if one could do everything perfectly, one would have a penis. The analyst told her now that a woman has no penis, but that the female genital is just as good as that of a man. 'Not mine', said Erika. 'It is rotten; it has purple spots because I wriggled.' Here she showed the fantasy which girls often have, that they have damaged their genitals by masturbation and hence have become women.

The analyst continued the explanation by saying that women have babies and men do not. But this Erika did not like at all. She thought a long time and then said that if she had to have a baby it had to be a boy, then she would cut off his dickey and keep it for herself.

At this time piggy boy's name was Faddy Paddy Piggy; the longer his name the more masculine he was. When she was piggy, she said, she had five dickets; arms and legs also counted as dickets. In another game she was the mother of two children. The girl wriggled, the boy piggy had difficulties with arithmetic. Thus, only girls masturbated; when you had a penis you need not do this. But piggy is bad at sums because she said, 'he cannot do them when there is a 9, a 7, or a 1 in them'. This looked very much as if it were the tails in these numbers which were the cause of the difficulty. She confirmed this later on when she wrote these numbers with extra long hairlines and curls. It is probable that the form of these numbers stimulated her fantasy and thus caused difficulties in learning arithmetic.

On her birthday she was very dissatisfied with the analyst and the present the analyst gave her. It seemed she was very disappointed to be still a girl. She had always hoped that when she was eight years old a penis would have grown by itself.



She now dictated in the writing book, 'I wish I had a dickey. I have just pop, pop, pop. I think Elisabeth has a dickey, and I want to take it. Now I have to wriggle. I feel it in my nowhere. Poo-poo.'

Gradually, first with slight indications and then with more and more material in each hour, Erika brought out her œdipus wishes. Her mother reported that at this time she often played post office at home, and later on Erika said she wanted to be a lady in the post office. As her father was a postman these fantasies probably pointed to the wish to be with him. She asked her mother, 'Will you be a grandmother?' As she associated with her grandmother the fact that she died of high blood pressure, this question to her mother was a disguised death wish. At home and in the analytic hour she again became very aggressive. She was especially annoyed with her father; she shouted at him and told him, 'You shut up', and when his name was mentioned in the analysis she remarked, 'I shall scratch his eyes out'.

She now became very much interested in her appearance. She showed all her clothes, compared them with those of the analyst, and was very cross when she thought the analyst was better and more elegantly dressed. Erika's mother loved to dress her well and to buy new clothes for her. Here the relationship between the two was undisturbed. To be well dressed was for her a penis substitute, but it now had a female meaning also; it was an attempt to seduce her father.

Erika now wanted to play with white plasticine, 'white for wedding'. Asked whom she wanted to marry, she answered, 'My daddy'. 'And what about your mam?' 'She will die. She is already forty-seven.' Erika could not have expressed her œdipus wishes more clearly. The next remarks betrayed her ambivalent attitude towards her mother. 'But she is nice, she has given me a half-penny to buy sweets.' She now took her writing book and read the scene in the kitchen once more. The analyst explained to her that she wished that her father should do the same with her as he did with her mother. She was so interested in her appearance because she wanted to



attract his attention, and she was annoyed with him because she was afraid of her own wishes. She feared that she would be killed, as she thought that that was the result of sexual intercourse. And after all, she was annoyed with both father and mother because her father lived with her mother. This became clear in a dream about a story of Alice in Wonderland: 'Speak roughly to your little boy . . . he only does it to annoy.'<sup>2</sup>

Thus, Erika was aggressive and difficult to deal with because she wanted to annoy others, out of resentment that her parents had a pleasure together in which she could not participate. She never obeyed; in general she did just the opposite of what was expected of her. And it always ended by her making the persons in her environment really angry with her.

In this period she was very bad at school and masturbated a great deal. She especially masturbated at home when her mother had gone out to do some shopping. It was now explained to her that the reason for this was that when her mother was absent she could develop more freely her fantasies of being together with her father without her mother. Thus, the wish to live together with the father in the place of her mother was the third component of her masturbation fantasy which was brought to consciousness in the analysis. The analysis of these components—her parents' sexual intercourse, her penis envy, and her positive œdipus wishes—freed her so much that a direct discussion of sexual themes became possible. One day the analyst was sewing on some hand towels. Erika immediately remarked that she knew what they were; her mother wore them here, she said, pointing between her legs, and when asked, 'What for?' she said, 'That is none of my business', and then said, 'for poopoo'. In answer to more intensive questioning she said that she had once seen them

<sup>2</sup> 'Speak roughly to your little boy  
And beat him when he sneezes.  
He only does it to annoy  
Because he knows it teases.'



red and that she had been frightened, because she had thought that her mother's genital was wounded (her mother had threatened her a few times to cut off her genital as punishment for the masturbation). Erika had gone to the toilet to see if her wee-wee, her word for urination, was red, too. The analyst then told her about menstruation, and she immediately asked, 'When is your date?' thus betraying that she knew about menses already.

A little while later, when she compared herself with the analyst, it was clear that it was again because of penis envy. The analyst told her that she had no penis, that she was very happy without one, and that she bled once a month. Erika became very pale; there was a short pause, and then she suddenly asked a number of questions, which the analyst tried to answer as well and as quickly as she could. 'Why do you bleed, and I don't?' It was explained to her. She then said, 'I don't want any babies, or yes, a boy, no, a girl, girls are more playful'. She went on, 'How does the baby come into someone?', and after the explanation she said, 'Then I want to have his dickey'. 'Whom am I going to marry?' 'Who came with his dickey in your hole?' 'How does the egg come in the woman?' 'How does he put it in the hole?' 'How many eggs are there?' 'How many seeds?' 'Why so many?' 'Where is the egg?' 'How do you know that the baby comes?' 'Have you then to go to the hospital?' Here she became frightened—she once was in the hospital a few days because of a tonsillectomy, about which she seldom talked but which she certainly connected with her fantasies about birth. She went on with her questions. 'Whom shall I marry?' She became impatient when the analyst hinted at Erika's wishes to marry her father. She did not care for fantasies now. Then she went on. 'I don't want any babies. I don't want that with his dickey in me. Why does he want that?' The analyst now tried to explain that that had to do with her excitement and her 'wriggling' and how strong that is in a human being. She answered, 'I don't like to wriggle'. And then with great insight into herself, 'I don't believe that I can wait until I am grown up'.



It was the first time that Erika's sexual curiosity had shown itself as a real desire to know, and had not been acted out in one way or another. It was again clearly demonstrated how reluctant she was to accept the feminine rôle.

Then came an opportunity to understand her arithmetic difficulties better. Her interest in dirt again became much stronger. She also often counted from one to one hundred; being able to do so meant to her having a penis. However, she was seldom able to count correctly. It seemed it was too exciting for her. Especially noticeable was her complete detachment from the real meaning of arithmetic. To write down numbers and to act as if you were able to count them appeared to her to be the most important thing about it. Every now and then she was able to do a sum right, and then it was easy to see that her inability to do arithmetic was only neurotic. After doing a sum she passed wind, or suddenly in the middle of all the arithmetic and counting would say, 'poo, poo'. She started now to sing, counting out rhymes: 'einey, meiney, miney mo, sits a baby on the po, when he hollers wipe his bo'. And she also counted out all the objects in the room and told the analyst that on the toilet she did the same with number one and number two. Thus it was clear that her inability to do arithmetic was caused by the anal meaning of counting and of numbers, apart from the causes connected with her penis envy.

At the same time she brought a series of fantasies which proved to be fellatio fantasies. The anal elements now became connected with oral ones. She often put chalk and plasticine in her mouth. One day she said, giggling, 'Today I said to my sweetheart, "Miss B. [her schoolteacher] is a cowardy, turnipy"'. This was a simple expression of her ambivalence. (This ambivalence had become very clear once when the analyst was on her holidays and school had begun. She was very naughty at school and her behavior improved immediately when the analyst explained to her that she was so naughty because she really was annoyed with the analyst who had left her.) The lump in her throat became again much more



noticeable. She wrote down words which had to do with food, writing with long strokes and curls, which was her way of showing that they had a penis meaning. She drew faces and rolled her eyes. Earlier in the analysis her habit of making faces had been talked about in connection with her watching of sexual intercourse. The analyst now interpreted this, and Erika took the doll and demonstrated it. Her index finger as a penis first went to the stomach of the doll and then gradually upwards to the mouth. And now it was clear that it was the observation of the fellatio, as well as the wish that this should be done to her by her father, which had been expressed by the eating of something dirty. Dirt and penis were equated, and the lump in her throat meant her father's penis. For a while this symptom disappeared.

The next topic of the analysis was her attachment to her mother. Her mother had taken her to and from school, dressed her, guarded her eating and all other bodily functions, and as much as possible prevented her contact with other people and children. She could call neither body nor soul her own (as Anna Freud has put it.) The relationship between mother and child was without friction as far as clothes and food were concerned. Although the analyst had tried to diminish the mother's possessive attitude, she had encountered much stronger resistance than when she tried to stop the washing of Erika's genital.

It had been apparent early in the treatment that in the analysis Erika made a much more normal impression than was to be expected from her behavior at school, and the same disparity had appeared when she was tested by the psychologist. Probably at school Erika could not stand the competition with the other children, in contrast to the analysis and the psychological testing where all the attention was for her. In the analysis it became clear how few of her feelings were *zielgehemmt* (inhibited in their aim). She loved the analyst as a lover. If she could have had her will she would have followed her everywhere. She tried to kiss her and when she was ward off cautiously she very quickly took hold of her



hand and kissed it passionately. It appeared as if she could function intellectually only in a sexualized relationship.

After much persuasion by the analyst, the mother succeeded in finding a friend, Alice, for Erika. Erika loved Alice very much, but this was easy to understand because Alice was two years younger and did everything Erika wanted her to do. This was Erika's attitude in every relationship. She had to have her way, at home as well as in the analysis; otherwise she made a scene.

After she made this friend she lost all her interest in the analysis; she did not play and she did not dream. 'My mam says that dreaming is unhealthy.' She told the analyst what she played with Alice, 'Nurses and witches'. To play at nurses was Alice's invention and the witches were Erika's. When they played nurses the most important things were the costume, the administering of the medicine, and the having of a baby, a little girl. 'How did it come into the world?' 'Before, they are fairies who fly in the sky.' Erika seemed to have forgotten everything she had learned about birth in the analysis. She and Alice changed the rôles of patient and nurse. Then Erika was the witch, and put oranges under her dress to make breasts and a fat stomach. She also had a magic bowl, stick, and apple. The witch then changed into the friend of Alice and together they robbed the witch of her magic articles and put her into jail. Then Alice sat down on a little rug and was pushed through the room by Erika, a thing which Erika had previously wished to be done to her by the analyst. It is possible that the witch stands for a sexual mother figure with both male and female attributes. It was also clear that Erika had transferred all her interests from the analyst to the friend. The way of playing with Alice, the not functioning in analysis, not dreaming, and the forgetting of the explanation about birth all pointed in this direction. This relationship to Alice was probably the first transference of feelings in her life from her mother (analyst) to an object in the outer world; thus also her first detachment from her mother.

The analyst discussed the situation with Erika, pointing out



that her loss of interest was a great drawback in the analysis. She reacted with a severe diarrhoea. She said she had had an attack previously when she had eaten at her aunt's house. By this association she seemed to be trying to say that it was not possible for her to loosen her relationship with her mother. She then brought a dream: Ten people, five like herself, three like the analyst, solved a puzzle at three-thirty. Her associations were a mixture of dream and association: There was a scarecrow—to frighten the birds away—and a snowman. She fell off his shoulder in the snow and her pants were wet. . . . Last year she had made a snowman together with her parents and had thrown a snowball at a horse because the horse knocked him down. Then there was a he-goat and the he-goat pushes.

The analyst asked, 'Why the five people and the three?' She replied with more association: When she was four years old she helped her mother push the perambulator because it was too heavy for her mother. Three-thirty is her analytic hour, and she leaves her home at three o'clock to go to it. She then took the handwork of the analyst and wanted to change it. She thought the analyst did not do it right. Then the analyst explained that the dream meant that her mother and the analyst need her help. She has to defend them against the he-goat and the horse. The he-goat and the horse are father symbols and this dream was the expression of her negative œdipus complex. She killed the father to have the mother for herself. The wet pants were the expression of her sexual excitement.

In the next phase of the analysis Erika often played that she was an angry mother who beat and shouted to her child, played by the analyst. 'Why does the mother shout so much?' 'She has a bad temper, just as I have.' She now elaborated the fantasy game of the mother who beat her daughter. Thus the beating had come back, but not between teacher and piggy boy as in the beginning of the analysis; it was now where it belonged originally, between mother and daughter. Then Erika gave a doll, which played a baby rôle, a penis which she made out of adhesive tape. She told how her mother once



burned Erika's hand when she was ironing. She showed the scar and at the same time she dropped the doll from her lap and then started to make a dressing for his leg and his genital, as she said they were wounded, thus revealing the fantasy that the mother had wounded her genital and had changed her into a girl. Probably this fantasy was partially determined by the washings and the beatings that her mother had given her.

The feeling of the lump in her throat which had disappeared from time to time increased again. She played a game, in which she and the analyst changed rôles, of a wild dangerous animal which bit off the leg of a little girl, smashed her nose to pieces, and chopped up parts of her body. However, when the analyst played the rôle of the wild animal Erika thought out innumerable measures of protection to prevent all these things from happening to her. As always she was afraid of the passive rôle. It became clear that much of her aggression was only a defense. That day she also had a very severe attack of the hiccoughs. 'My food jumps in my stomach', she said. She had eaten her mother's breakfast when her mother had left the room. Her fantasy evidently was that her mother had taken away her penis and that she would take it back from her mother.

The games about the little girl and her mother continued. Her fantasies were full of symbols of physical excitement. In the first part of her analysis this excitement had always been expressed directly in jumping and dancing; at this later period it appeared to find indirect expression in dreams and fantasies. She dreamed, for example, that she was very small and that she hid herself from the analyst in an electric lamp and in a fireplace, both fire and light being to her symbols of sexual excitation.

Her central problem at this time was her conflict about becoming more independent of her mother, and this seemed to be connected with her sexual excitement. She had reacted to this conflict with diarrhoea, which brought her the immediate satisfaction of her mother's attention. During this period



she came to the analysis one day with a severe stomach-ache, went to the toilet immediately, and then left because she felt too bad to stay. However, her mother reported that on the way home the illness suddenly disappeared. It was thus clear that the diarrhoea was psychogenic.

The analyst gained the impression that the child was struggling to free herself from her mother by taking the responsibility for her own sexual excitement. At this same time she indicated that she had given up her masculine strivings, by forgetting her ruler which had been a penis symbol for her. Her fear of being free from her mother was still great. She seemed to feel that since her mother took care of her body, it was she, and not Erika, who masturbated. This was very near to reality, because of the close guard which her mother kept on all her body functions, and this is the probable explanation of the fact that Erika never had showed anxiety or guilt. As long as her mother did the masturbation the child need not take the responsibility for it. Only when she freed herself from her mother and made her body her own did the sexual excitement become a source of anxiety. This was the key to understanding some of her previous behavior, for example her inability to endure any tension. Unfulfilled wishes meant to Erika that her mother had left her and that she had to take the responsibility for her own excitement. This would also explain why she masturbated especially when her mother had left the room.

The only symptom left at this time was the so-called lump in her throat, which had persisted except for a short period after the fellatio was interpreted. Her aggressive behavior at home increased again. She talked about how Robinson Crusoe and his man Friday found the remains of eaten people. She played again with the toy animals, separating them into wild and tame groups. She then played a fantasy game where the analyst was Hitler and she was the policeman. In this rôle she threw a lasso around the neck of Hitler who, she said, must then make noises as though he were suffocated, and then be thrown in the wood where he would be devoured by the wild



animals. The analyst told Erika her suspicion that the devouring by wild animals and the suffocating was one of her conceptions of her parents' sexual intercourse and the lump in her throat was an expression of this. After that Erika stopped making the peculiar sounds which she had said were caused by the lump.

Piggy boy, who hadn't been mentioned for months, suddenly popped up again. He was at school and was beaten by a severe teacher, but his mother came to the school and the teacher was dismissed. 'Now piggy boy doesn't need to be afraid any more', she said, thus indicating that the meaning of this beating fantasy had been analyzed.

At this point the mother interrupted the analysis. She felt that it was a threat to her because she realized very well that it endeavored to make the child less dependent on her, and that was hard for her to tolerate. She saw no reason for going on, especially after the child's masturbation symptom, which had disturbed her and made her feel ashamed, had disappeared.

### *The Meaning of the Compulsive Masturbation*

The analysis showed that the compulsive masturbation in this case had several determinants, the most important of which was that Erika looked upon her body as if it were a part of her mother's. Her mother's absence created a fear that her needs would not be satisfied and this manifested itself in physical excitement. The masturbation was the outlet for this excitement and had the meaning for Erika that her mother was taking care of her, a meaning which had its origin in the fact that her mother had given a great deal of care to washing the child's genitals every day from babyhood to the beginning of the analysis. From this one might speculate that Erika regarded her body as if it were her mother's penis. Probably this unconscious fantasy was held by both the mother and the child. From observations of the mother, one could assume that her child was the penis that she did not have and with which she masturbated, not only by constantly washing the



child's genitals but by all her preoccupation with the child's body. With this assumption, one could understand how the child had taken over the mother's fantasy. Unfortunately nothing was learned about the mother's masturbation conflicts.

This fantasy of the penis was revealed in Erika's symptoms. Erika masturbated with her imaginary penis and showed it off in her exhibitionism. Both mother and child expressed their dissatisfaction with the female genital, the mother in her obvious interest in boys, in the fact that she had never thought of having a daughter, and in her dislike of Erika's genital—'it smells so bad'. Erika's desire for a penis has been described in the account of her analysis.

One may assume that all the child's fantasies analyzed in this case, such as the positive and negative œdipus fantasy, the fantasy of being beaten by the mother, and the mother in the aggressive rôle of castrating her child as expressed in the beating of piggy boy and later on the daughter, and also her pre-occupations with her genital because she had no penis and with the cause of this and the way of obtaining one, and finally the reaction to the observation of her parents' sexual intercourse—all these found an outlet in the masturbation.

The mechanism of denial was applied both by mother and daughter. The mother called everything 'beautiful', and Erika called herself a healthy little girl. Both have very impulse-ridden (*triebhafter*) natures. Erika was not able to stand any tension. Her mother allowed herself very pathological manifestations of her instinctual life under very superficial rationalizations.

Though the analysis has not really been ended, one could call the therapeutic result satisfactory. The compulsive masturbation and the disability in learning had disappeared. Erika's behavior had improved very much. She had lost the aged expression on her face and had become a handsome child. The relatively short analysis in which these results were accomplished—one year with regular sessions five times a week, with weekly interviews with the mother, and six months' analysis with sessions once a week—was probably determined by her

age. It was striking to see the rapidity of change in this child with her very disturbed past. When certain aspects of her psychic life, until now inhibited by the neurosis, were freed, they immediately caught up with the course of the normal development and made her mental growth much more apparent than in less disturbed children.



# DEPRESSION

## THE OEDIPUS CONFLICT IN THE DEVELOPMENT OF DEPRESSIVE MECHANISMS

BY EDITH JACOBSON (NEW YORK)

Freud's (1) definition of melancholia as a narcissistic neurosis is based on the observation that the patient, while depressed, gives up his object relations and carries on his conflict within himself, between his ego and superego.

According to Abraham (2) the infantile history of melancholic cases regularly shows a primal depression (*Urverstimung*). He assumed that these patients must have experienced severe disappointments and narcissistic injuries before the resolution of the oedipus conflict. This assumption suggests some early, abnormal development of ego and superego functions, predisposing the personality to the later illness.

Melanie Klein (3) indeed shifts the decisive psychologic happenings, including the formation of the superego, back to the very first years of life. According to her, the manic-depressive patient retains archaic introjective and projective mechanisms characteristic of the earliest period of life.

Certainly the analysis of manic-depressive patients reveals a fixation on powerful, ambivalent, oral (cannibalistic) and anal fantasies (2). As Rado (4) has shown, the model for the manic-depressive reaction is likely to be the experience of either the hungry or satisfied baby.

However, if we maintain Freud's opinion that the superego, as a well defined part of the psychic structure, is the heir of the oedipus conflict, it may be worth-while to examine the difference between the oedipal development of the normal and of the depressive personality.

The following case report demonstrates the early failure of a depressive patient, a twenty-four-year-old girl, to establish normal object relationships to her parents.

For the psychoanalytic approach to the problem of depres-

sion the analysis of melancholic cases should be most suitable and convincing. Unfortunately, the analysis of such patients rarely goes far enough to uncover their infantile history. But it is the infantile history which alone can shed light upon the specific pathogenic conflict situation that precipitates the depressed condition. I agree with Rado that the psychological mechanisms of all depression are the same.

The complex case presented offered a rare opportunity for analytic observation. Not only did it permit insight into the constellations of infantile conflict and traumatic events during the œdipal and prædipal stage, but, in particular, into the development of a depressive breakdown at the age of three and a half. Since the clinical picture is diagnostically somewhat problematical, I shall briefly discuss this aspect before entering into the report.

Prior to the severe depression which brought this patient into analysis, she had gone through a depressive period at puberty and, as shown by the analysis, at the age of three and a half years.

However, although the patient had cyclothymic mechanisms, periodic depressions alternating with hypomanic states, it was difficult to decide between a diagnosis of severe anxiety hysteria with borderline depressions and a true psychosis, either manic-depressive or schizophrenic.

The diagnosis of neurosis was based on the comparatively well-developed sense of reality of this patient, her surprising insight and her good coöperation. The synthetic strength of her ego, her capacity to sublimate and build up her personality tended to bear out this diagnosis. The assumption of a hysteria was supported by the patient's emotional disclosure of her infantile history along with its heretofore forgotten traumatic experiences. The wealth of her fantasies, her tendency to magnify, dramatize and 'act out' her recollections were characteristically hysterical.

During the first year and a half of analysis the recurring depressions were occasionally accompanied by experiences of depersonalization and even of *Weltuntergang*, by short epi-



sodes of detachment with slight confusion, when deepest unconscious material would suddenly break through in severe anxiety attacks. Fantasies became so frightening as to appear delusional; and certain bodily sensations seemed schizophrenic in nature.

But it must be stressed that the emotional response of this patient was never inadequate or shallow but rather deep and vigorous. The states of depersonalization were brief; and the acute attacks of detachment and anxiety were followed by a quick return to reality. Moreover, there was no sign of psychic disintegration during a period of three and a half years.

On the other hand, the depressions were severe and genuine, leading to deep narcissistic regressions with serious suicidal impulses and a dangerous weakening of all object relations. While the depressions appeared to be reactive in that they could be traced back to and understood by the underlying conflict, their ending in a more or less elated condition was sudden and hardly intelligible as to the motivation.

It is worth mentioning that the father of the patient suffers from severe depressive conditions.

With regard to all these considerations I am inclined to list the patient as belonging to the manic-depressive group. However, as I emphasized before, the psychiatric classification of the depression has little bearing on our problem.

Peggy, a twenty-four-year-old teacher, decided to undergo an analytic treatment because of increasingly long and severe depressions which she believed to be a reaction to difficulties in her sex life. After various unhappy love affairs, she had started her first genital relationship with Sidney, a teacher and her superior, some months before she came to analysis. Since she foresaw the impending termination of this relationship she fell into a deep depression. Her work deteriorated to such an extent that she was afraid of losing her job, her only field of success. In this predicament she turned to the analyst for help.



Peggy is a tall, attractive and intelligent-looking girl, with retarded movements and a sad expression. Her friendly, gentle manner lacks spontaneity and warmth.

Her father, a cold, aggressive individual, suffers from similar symptoms, but is without insight. His depressions are accompanied by the fear of impoverishment and compulsive symptoms. His handwashing compulsion is particularly linked to Peggy, from whom he refused to take food because she might have touched it with dirty hands. Her mother, a warm but domineering woman, had always babied her daughter and protected her from life—from the aggressive father. Very early she had disclosed the fact that her husband had destroyed their home life by his unpleasant behavior.

Peggy had been an unhappy school child, covering her depressions by appearing 'sweet and nice'. With this attitude, with her obedience and with her scholastic achievements, she had tried to compete with her brother three and a half years younger than Peggy. He was a charming, handsome but rebellious and unstable boy, a bedwetter and poor student who could not establish himself in any sort of work. Peggy remembers how at adolescence she envied and resented her brother's aggressive, uninhibited behavior. She could not allow herself even limited sexual liberties. She clung and looked up to her attractive and efficient mother.

At the age of seventeen Peggy went through her first depressive period. Her intellectual ambitions broke down. She could not work, slept badly, felt physically weak and suffered from various hypochondriacal and phobic symptoms. Following recovery, instead of resuming her intellectual interests, she began to have dates with boys. These, however, did not last. She blamed her father for her failures because he interfered with her love affairs.

At the age of twenty-four, after some short disappointing love experiences, Peggy suddenly underwent a definite change in her attitude towards her parents, particularly her mother. Influenced by girl friends, she started her first genital relationship with Sidney, the teacher already mentioned. She



developed an almost paranoid hatred of the previously adored mother, whom she held responsible for her sexual failures, because 'she had made me so dependent and weak'. At this point Peggy decided to separate from her parents. She moved into the home of a divorced woman who was living with a lover, and who resembled the patient's mother in many ways.

Peggy was a jealous observer of the happy couple; but her own love affair did not work out. She became so depressed that she went into analysis. She knew that Sidney maintained an earlier relationship with another girl. Peggy saw him rarely and doubted his love. She became depressed whenever he left her, and expected never to see him again. She indulged in fantasies of his betrayal and of her revenge for his cruelty. However, when he returned she could not express her feelings but could only comply with his wishes.

There was merely a sexual understanding between them. Prolonged intercourse gave the patient a mild vaginal pleasure. Although Peggy insisted that intercourse was 'the only valuable thing in life', she had never had an orgasm nor did she desire it, for orgasm was to her 'the end', and she hated the end.

Peggy's partner informed her now that his other girl friend was pregnant and that he felt obliged to marry her. For the first time they had an intimate talk. Very much to her surprise, he confessed that he had been more attached to her than he had let her know. She was reminded of her father's attitude: in the midst of treating her badly, he would occasionally reveal the fact that he did love her. Before Sidney's departure, they had sexual relations which ended in a violent emotional outburst on Peggy's part. She cried: 'Don't go away, don't take it away, don't leave me!'

At the beginning of the ensuing depression, Peggy would cry desperately and complain that all women took away men from her. She was not worth loving. She hated all married women whose husbands might have been hers. This agitated phase passed into a paralyzing depressive period of emptiness and some depersonalization. 'I have lost my sense of time. It passes so slowly, it never has an end. For me everything is



over. I shall never love again. Life is senseless, melting away. I am dead already. My blankness is nothing—like death. I am also mixed up with space. Sometimes I feel alone in space, with everything else empty, and I the only person in the world. In a fleeting moment I believe my lover to be in the room, but then it is all blank. Only a dead world is left, that is eternity.'

The patient has suicidal impulses to jump out of the window or to throw herself under the subway train.

There follows a more anxious depressed condition during which phobic and hypochondriacal symptoms increase. She is afraid of losing her job and her money, of contracting tuberculosis or other diseases. She is scared of open closets. All doors must be closed. Attacks of anxiety occur in the theater or movies or in enclosed rooms like an elevator. She is afraid that 'something might crush her'. Her main anxiety is concerned with riding in the subway. When the subway stops she gets very frightened. 'Everyone seems to look like wax, all frozen. The next moment something terrible will happen. There will be a crash and everything will end up in death and destruction.'

After several weeks of depression, Peggy suddenly becomes elated and abruptly starts another love affair which breaks up soon in another depression. This pattern repeats itself several times throughout the analysis. In an elated condition she starts a love affair and throws herself passionately into the new bondage. There is always the same change from initial, hopeful, exaggerated expectation to deepest disappointment and despair. It soon becomes evident that the quick change of her partners' attitude is due to the patient's own behavior. After a few successful meetings, she becomes depressed whenever she expects her lover. Haunted by jealous fantasies, she is so cold and detached that she disappoints and frightens the man to a point where he loses interest in her.

It should be emphasized that, despite her severe neurosis, Peggy behaves surprisingly well in her realistic life situation. During the first two years of analysis, a period of depressions



alternating with elations, she has missed her everyday duties only four or five times when she collapsed so completely that she was obliged to stay in bed for some days. Otherwise she forces herself to pursue her work and other obligations.

It is my intention to describe the infantile conflict preceding the primal depression as it was revealed in fantasies and recollections and 'acting out', particularly in the patient's love life, which, in this case, is the nucleus of the pathogenic conflict.

The analysis of Peggy's love affairs leads directly back to the decisive period of her childhood when her brother was born, and she herself was three and a half years old. Up to three years, Peggy had been a well-balanced child, loved by both her mother and her father. She remembers how her father and she used to take long walks together, talking and playing affectionately. Suddenly 'everything was over and gone and she had lost everything'. She feels 'as if she had died at that time'. 'Life has been empty ever since.'

What had happened then?

Peggy remembers that before her brother was born her mother went to the hospital and she and her father stayed with her mother's mother, near New York. Apparently, the first great conflict between father and mother had arisen at this time. Her father was in a very bad mood. He ignored Peggy, quarreled with his relatives and finally went back to New York. The child was left alone, disappointed by her father and eagerly awaiting her mother's return. However, when the mother did return, it was with the baby. 'This was not my mother, it was a different person.' The mother was ill at first. Then she neglected the older child to take care of the sickly baby. 'The baby could not talk or walk, but he got all the love from mother.' She was unable to reestablish the relationship with father. 'He was so proud to have a son that he did not care for me any more.' The little girl broke down in her first deep depression.

What made the baby, 'this insignificant little bit of a nothing', so important? It was his penis. This organ allowed him 'to take pleasure aggressively, though he did not deserve it'.

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The patient's mother had explained to her at puberty that the penis is so constructed as to be able to break the hymen. The penis is 'a magical powerful instrument, which makes men independent and aggressive'. It is true that she hates and envies men for having an organ which 'is dangerous but can also give the highest pleasure'. Yet she does not want to be like a man. What makes intercourse sacred to her is that she is entirely passive and receptive. Out of this same passivity she refuses to masturbate. Only a man should give her this pleasure. She always has 'a feeling of emptiness in her vagina like being very hungry'. 'There is something sad about this emptiness like about an empty life.' A man can temporarily 'fill up her defect by the presence of his penis'.

We begin to understand Peggy's outburst when Sidney left her. Whenever she is deserted by a lover, Peggy sees images of penises, 'very large like those of horses'. Thereby she has 'a sort of tickling at her lips like a sexual irritation'. These pictures, she says, 'attract and frighten me like the devil'. She wants her partner to return to her; and yet in her fantasy 'she sends him back to hell where he came from'.

Why does she want to hold him if she hates and fears him so much? 'To have a penis in the vagina even though it might destroy me.' The penis that she hates and craves so much appears at first to be her brother's. During puberty she had occasional dreams of intercourse with him. She imagines herself a small child, breaking off his penis. Later material suggests that she may actually at an unguarded moment have attempted a sexual attack on her baby brother.

When the baby was brought home from the hospital, the patient may well have wished him in hell; or, to put it somewhat differently, back in the mother's stomach, never to come out again. Yet she wanted to keep him because of his genital. She envied him and wished to deprive him of this organ as well as of the pleasure derived from the mother's breast.

Peggy remembers watching the baby nurse, grasping the breast greedily and aggressively, while she herself had to eat



alone at her table. He could take what he wanted because he had the penis now which once had been hers. 'Mother must have taken away my penis and given it to him just as he got mother's breast. I was not even allowed to suck my thumb.'

Eating difficulties and paranoid fears of being poisoned by bad food now develop. She remembers how, at the age of two or three, her mother forced physics into her mouth, after wrapping her body tightly and closing her nose while she struggled. Her mother had compelled her to give up thumb-sucking by tying her hands to the bedposts and smearing bitter stuff on her fingers. The child would cry: 'Please let me do it, please let me do it!'

Masturbation was similarly suppressed. At the age of five she and her mother were both ill. A harsh, disagreeable nurse took care of her. Once she caught her masturbating. The child was suddenly stopped and spanked. Her hands were tied up and her body was wrapped tightly in her sheets. Peggy reenacts the resultant state of tension in attempts to masturbate. Trying desperately to get a vaginal orgasm, she bursts out into tears and begs herself: 'Please let me do it, let me do it!'

Her appeal is in vain. Her sensations stop short of the orgasm. Anxiety arises as if she were 'locked up in herself and could not let herself get out'. This is like being imprisoned in an enclosed room or in an elevator or subway. Emotions and sensations suddenly fade, because otherwise there would be a terrible outburst which would liberate as well as destroy her. 'It would be like suicide', she says.

While Peggy again feels tempted to jump out of the window, she understands that one aim of this action is to liberate herself. She fantasies flying into the open air and escaping into freedom, thereby killing herself. This fantasy reflects her impulse to escape the overpowering psychic and physical tension of masturbation which stops short of the climax. As if from a threat of suicide, she must hold herself back on the verge of orgasm to avoid destruction. She must let her sensation die

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in order to save herself from death. Why does Peggy crave orgasm as her liberation and yet fear it like death?

In masturbation she sees herself threatened by growing impulses to urinate or defæcate, which disgust as well as frighten her. Since her earliest childhood she has disliked these functions, which her mother suppressed as severely as thumb-sucking. The child was so strictly trained that she was clean at the age of one year. From then on she could never urinate or defæcate outside her apartment; she acquired a severe constipation. Resentfully she remembers how her mother coaxed her to give up her stools. 'She fooled me and deprived me of my bowel movements for her own pleasure.'

Peggy by her stubborn overobedience regained her mother's favor over her brother who was greedy, aggressive and a bed-wetter. Her mother gave her enemas for years, a procedure as much feared as liked by the patient. But it was her only remaining sexual outlet, and it secured for her a long-lasting secret physical relationship with her mother, which she carried on in anal games with a girl friend at the ages of six and seven. At adolescence she felt uneasy when she had to sleep in the same room with her mother or girl friends. Anxiously she avoided any physical contact; she was deeply disgusted when her mother tried to fondle or kiss her.

Her homosexual wishes developed clearly in the transference to the analyst and other mother images. The analyst was supposed to extract ideas from her brain, to coax her to think. Peggy could not think alone. Thinking creates a feeling of tension in her head as if it might burst. Then she demands active help to liberate her thinking.

Peggy's analysis takes an important turn when we learn how her emotional detachment had grown out of the severe restriction of her excretory functions. She must not reveal her feelings of either love or hate. She has to hold them back like stool and urine, to deny that they exist. Otherwise she would be overwhelmed by her emotions. Her cold detachment is that shown by her father toward her. She has certainly



tried to give him her emotions. Yet he, like her lovers, would not take what she offered and treated her badly. Only her mother had 'real values' which could be accepted.

Peggy thinks of her mother giving her breast to the baby or giving away the baby in childbirth. Shortly before the menstrual period, Peggy's breasts now begin to swell. She is afraid they may burst. She has cramps and keeps back her menstruation for weeks. Ideas of childbirth come up. She fears she would die producing a child which would be 'herself and yet another person'. When her mother came back from the hospital she was sick for weeks and then changed. She was never again as gay and happy as she had been before; doubtless a correct observation, since her relationship to her husband deteriorated at this time. But Peggy held the birth of the baby responsible for this change. 'Delivery must be a terrible fight between baby and mother.' She dreams of her mother, with dirt, mud and blood splashed all over her face. So must her genital have looked after delivery. 'Otherwise the child coming through the anal canal would have been crushed into pieces and liquified like fæces.' Her brother came out victorious, because he had a penis while she herself was defeated in that fight and lost her organ.

Peggy has the idea now that she has a penis inside her (perhaps the cervix) that might come out during orgasm. In an anxiety spell she imagines how during orgasm everything that is inside her might pour out, fæces, urine and blood, in an outburst similar to the explosion she experienced when her mother gave her an enema. During masturbation Peggy finally gives way to the impulse to urinate and defæcate. Thereby she experiences a relief which she feels is the equivalent of an orgasm.

At the same time, however, she has growing sensations of 'an inner emptiness' throughout her body, 'so deep that nothing can reach it'. She would like 'to take in something enormous that might fill the body up to the stomach'. This wish is associated with the recollection of her enemas. She recalls the sensation when the nozzle had been pushed into her anus

and the water would fill up her intestines. She wants a similar experience with a man in intercourse. When she masturbates she has peculiar vague images of her father. She dreams she is in bed with him. Real contact between a child and an adult would mean complete demolition. She fantasies a three-year old child receiving the penis of a real man, a penis 'so big and powerful that it would split her in two'.

Eventually Peggy uncovers an experience dating back to three years at the latest. In a severe anxiety attack, with detachment and confusion, nausea and the need to vomit, to urinate and defæcate, she sees herself sitting astride her father's lap in bed, playing seesaw with him. On that occasion, she thinks, she must have felt her father's erect penis and have been genitally aroused herself. Peggy fully revives her feeling of overpowering excitement and horror as well as her wish to take in the gigantic penis. She understands that the magnifying pictures of this organ reflect the tremendous intensity of her anxiety mixed with desire which threatened to overcome her weak ego while she played the seesaw game. She imagines the penis entering her and discharging, and she feels an unbearable tension throughout her body. She must throw the penis out and yet hold it in. In the greatest anxiety she fantasies how she would take this organ through her anus, genital, or mouth, pulling it out with her teeth until she herself burst.

This fantasy reflects her childish ideas of pregnancy and delivery. Peggy sees pictures of a pregnant person much bigger than she, large and powerful 'like a mountain'. So must her mother have appeared to her. She also sees large breasts with red nipples, bleeding and large dark spaces containing penises like black snakes with red heads, such as she had seen in her grandmother's country home. They might be penises, intestines, or little babies. All swellings represent dark spaces containing these slippery snakes that might burn her, eject poison on her, strangle or choke her to death.

Peggy's subway fears increase and breathing difficulties arise. A frightening scene from the time of her mother's pregnancy



emerges, which was confirmed later in the analysis. For two weeks, her mother had employed a schizophrenic colored housemaid. One night when Peggy's parents were out the girl entered her bedroom carrying a knife and hallucinating dead persons who were persecuting her. Peggy remembers how frightened she was seeing the black girl with her broadly-opened red mouth, her white teeth, and her hand holding the knife.

We understand that the little girl related this experience to her own destructive wishes and fears concerning her mother's pregnancy. She imagines that her mother might take her and put her inside of her stomach instead of her brother. There she would stay in a hellish prison and be tortured to death. 'Mother might snatch up all children and penises around and swallow them. That is how a woman gets pregnant.' She imagines her mother taking in her father's penis and 'carrying it around as a source of her power and strength'. She wants it also from her father or, since he will not give it to her, from another man such as her brother or her uncle whose penis she once saw in the toilet.

If only her mother had peacefully given her what she wanted, if she had shared what she received from the father—the baby—the problem might have been solved. Peggy feels she might have learned to love the child and to love men later on. Her relationship to her brother begins to improve. She feels that her mother has taken away both her brother and her father. But it is Peggy herself who has built up the concept of bad dangerous men whom she should fear. She ought to love only her mother. But what did she ever get from her? Nothing! Her mother took everything away and kept it all for herself. 'She must have had special organs that give continual pleasure, safety and self-sufficiency.'

At this time Peggy has impulses to kiss a woman's genital and anus. She fantasies her revenge on her mother for all the deprivations. She might attack her, beat her down and obtain all the things her mother possesses. She might take a knife, cut up her stomach, enter her abdomen and destroy its contents. She would have to take little parts of her, bit by bit,



and swallow them up. Thus she might become her mother. 'Mother and I cannot both live', she says. 'One of us has to die.'

When the mother went to the hospital to have the baby, she should never have come back; she should have died. Then the patient could have taken her place and acquired both the father's penis and the baby. But the father would not give her what she wanted. Indeed, he left her forever. So she wished her mother back, ruefully; and when she came, it was with the baby, and again the patient felt left alone.

This is her conflict: turning from mother to father and from father to mother, never getting anything from either of them.

Peggy's aggression against both her parents now becomes intense, alternating with short periods of depression accompanied by anxiety and guilt. Her jealousy towards her present lover and his supposed girl friend increases, while her fantasies are focused on the relations between father and mother. Vaguely at first, then more distinctly, she recalls a primal scene.

Until she was two and a half years old she slept in her parents' room. At the age of three she would leave her own bedroom and run to her parents' bedroom 'just to peek in'. Once she must have entered it and watched something terrible. She remembers that it ended with her father getting up naked, very angry, and chasing her out.

During an anxiety attack, Peggy sees two persons undressed, breathing noisily and moving violently as if they were fighting each other. Then there is sudden stillness, a complete stop. At this moment in the analytic hour she expresses extreme anxiety, dizziness, difficult breathing and 'sinking like dead'. The picture of a woman appears to her with her head back, her mouth open, gasping for breath and sinking as if she were dead.

This vision is a fusion of the primal scene and two later experiences. At the age of five, Peggy saw her mother in a pneumonia, breathing heavily, almost dying. Later, around seven, Peggy's tonsils were taken out. She had an anæsthesia that gave her the sinking feeling, the anxiety, the breathing difficulty and choking. When she woke up, she saw the doctor



as if at a great distance, holding an instrument with a bulky, bleeding mass. These memories and associations show Peggy identified with her mother, sick, close to death, her mother defeated in the nightly fight with her father.

At the same time Peggy begins to pity her poor mother, who has always been so unhappy. Her husband has ruined her life, and Peggy shares his guilt. But Peggy's pity and guilt, like her love, are transferred from the mother to her father who is hardly better off. Perhaps he has suffered even more than his wife, who like his daughter did not really love him. A dream shows her girl friend's father desperately ill in bed, while she and mother joyfully prepare for his funeral. Thus Peggy switches her regrets and guilt feelings from one parent to the other.

Reviving the primal scene again and relating it to her triangular love situations, Peggy's destructive impulses gradually rise up to the surface, culminating in a sadistic outburst.

She imagines helping her father 'tear down' her mother and kill her. She would suck out not only her mother's genital but her whole body and take it into herself. Then she would fight her father. She would kill him, too, pulling off his genital with her teeth, and devouring his intestines.

The gist of these fantasies, which the patient eventually formulates, is this: 'After becoming like my mother by taking her in, I might become like my father too. Then there would be three persons in one, in me.'

This general destruction would mean the end of the object world: 'Nothingness'. There would be 'no more danger left outside and no pleasure either. My wish for absolute self-sufficiency might thus be fulfilled.'

In a dream of this analytic period, Peggy makes love to another girl 'who is somehow herself'. She wakes up with disgust and nausea. The dream means that she wants 'to give everything to herself, to have herself in herself'. She feels autoerotic impulses: to stroke and caress herself, to admire and kiss her own genital, to dig in her genital and anus, to eat her stools. She wishes to be a man and a woman, to have a penis



and a vagina. Thus she would triumph in her utter independence over father and mother who, both of them, left her alone. She would be able to give everything to herself and take it from herself, physical pleasure, love, appreciation. Independent of the criticism of the world she would be her own judge controlled only by rules of her own.

This period, however, is not one of elation. It is no more than a desperate yearning which breaks down in increased depressions and unbearable anxieties. These drive her close to an acute psychotic collapse or suicide. These anxieties no longer are of a phobic character. Peggy feels them as 'coming from within'.

At the climax a four-hour analytic session with the patient becomes necessary. She comes in severe detachment and general confusion. She sits up, frightened, and looks at the analyst. 'You look ugly, strange, very bad. I am afraid you will soon change into a snake. Somebody is in my stomach that laughs at me and tortures me. I want to masturbate, but it should be your hand which satisfies me. Where is your hand? It looks as if it were cut off, bleeding. What happens to my hand? It is strange, not my hand anymore. I cannot feel it. Would you laugh at me or hate me if I hit you? Should I throw you out of the window or fight or destroy you? I should like to kill you. I will suck at your genital and take it in and what is in your body. I feel like bursting now. I might get an orgasm. I should be liberated but I should die.'

Peggy understands at last why her tension suggests itself as a feeling to be locked up in herself. It is the outside world which, in her fantasies, she has taken in aggressively and locked up in herself and which threatens to kill her from within. 'I wanted to take in the pleasures', she says, 'and I got the dangers instead. They are worse than any outside dangers, because I cannot escape from myself. From outside dangers one can run away. They represent a world left alive, dangerous too, but promising future pleasure.'

There is one way only to ward off the horrible threat of her inner danger: she must 'put out what is inside of her', in an



overwhelming orgasmic outburst which she feels would liberate her. Giving away all she possesses would be a rebirth of the incorporated world which would make good her guilt. It would be her own rebirth, too, her reconciliation with a good world of love and pleasure. However, what might happen, instead, is that she 'might stand up to those inside dangers, kill and throw them out or be overpowered and die'. Instead of being reborn and recreating a good world she would complete either its destruction or her own self-destruction.

When Peggy came close to the desired outburst, she was terrified of becoming insane or of committing suicide. Caught between her opposing impulses and unable to fulfil her desire for reconciliation with herself and with the world, or to carry out her aggression, she reaches an impasse. Her defense is to avoid destruction by 'neither taking in what is outside nor giving away what is within'. This situation comes about particularly whenever she is endangered by an overwhelming aggressive and libidinous tension, as in coitus.

When she reaches the inner point of danger, there is a sudden stop, i.e., a denial of any emotion or sensation and a complete paralysis of any activity. Anticipating destruction, she pretends that she herself or the object world respectively is dead, thus avoiding her real psychic and physical destruction. This defense mechanism has apparently been acquired in the repression of her pregenital impulses. It is the infantile magical mechanism of denial. It achieved its purpose in the genital seduction by her father and in the observation of the primal scene, and attained its height in the traumatic interruption of her masturbation. This defense mechanism is accountable for the detachment and coldness towards the love partner and the fading of sensation during intercourse.

The critical stage in Peggy's analysis was reached when she understood that the state of detachment worked like a protective screen over her fantasy world. As her destruction lost ground in favor of the libidinous element, the more obvious was her tendency to dramatize and enjoy her fantasies. When it became clear that she was longing for detachment as an

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escape from reality into a hidden fantasy world of horror as well as pleasure, she knew she had to give it up to become healthy. Only then did her ambivalent emotions towards the analyst break through directly, while at the same time she tried to build up the first real love relation in her life.

To summarize: here we see a child predisposed to depression on her father's side. Her mother's domineering love, her early sexual restrictions have tended to create a submissive, overobedient and masochistic dependence, with its accompanying disappointment and aggression. Frequent enemas have played their rôle in the development of this patient's sado-masochistic mechanisms.

At the age of three we find the beginning of a normal œdipus situation. An affectionate relationship to her father is built up. However, after a short happy period, which in her later recollection proved to be spurious, she suffers a series of traumatic incidents which end in a psychic collapse at the age of three and a half years.

On the verge of advancing from her preœdipal fixations to a genital position which in girls always starts with wishes for the father's penis, Peggy feels, during a seesaw game in bed, her father's genital. This not only arouses her genital sensations intensely and prematurely, but mobilizes her pregenital fixations. She expects from her father a gratification similar to that of the enemas given by the mother. She receives a genital shock and is held back definitely on the level of sado-masochistic introjection and ejection mechanism, such as Melanie Klein has described. In contrast to Klein's conception of the manic-depressive development, we underline what this case material shows clearly: the beginning of the establishment of a normal father relationship with awakening genital impulses, the regressive development evidently following the traumatic scene, and the acute breakdown after the birth of the brother.

After the incident with her father, Peggy was apparently unable to accept a feminine position. The scene with her



father is followed shortly by her mother's pregnancy. During this difficult time she has the traumatic experience with the psychotic colored maid. Earlier observations of her parents' sexual life are reactivated and interpreted according to her present knowledge. Concluding that mother has acquired her father's penis by incorporation during a bitter fight, she reacts to her mother's pregnancy with deep hostility. She wants to kill her, to enter and destroy her abdomen and also to have the baby herself. When her mother leaves for the hospital, Peggy wants to take her place, hoping for the desired gratification from her father. However, he disappoints her and leaves her, never to love her again. In bitter hate she deserts him and turns ruefully back to her mother, only to be betrayed once more: the mother loves only the baby. In her disappointment and hostility she tries to escape into a narcissistic withdrawal. She decides to kill her need for love and to become absolutely self-sufficient and independent.

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In this goal she is bound to fail because of her intense ambivalence, as it is expressed in her fantasies of the primal scene: her wishes for participation in the sadistic fight of her parents, for their incorporation and annihilation. In vain she attempts to ward off her destructive impulses by identifying herself with the image of her 'good' parents and by rebuilding her love relationship to them. The outcome of this conflict, later reenacted in her triangular love affairs, is her first depressive collapse.

From then on we see Peggy shifting her ambivalent desires from one parent to the other without being able to establish a firm relationship to either. 'One has to go from one to the other back to the first, and to the other again, and one does not get anything from either of them.' This is the experience of her entire life.

In her most balanced periods she finds some security in her dependent but reliable bondage to her mother, competing with her brother by being the oversubmissive child. She courts her father's appreciation by her intellectual superiority.

This aggressive desertion of one parent for the other with

its guilty reactive sado-masochistic love seems to be typical of the oedipus situation in manic-depressive cases.

After disappointment in the homosexual object the melancholy individual breaks away aggressively and approaches a heterosexual object. This shift may be disguised in cases where the patient turns from one heterosexual object that represents a homosexual image to another one representing the heterosexual image. Unable to carry out this attachment because of his ambivalence, the depressive person vainly attempts to return to his homosexual fixation. This attempt is bound to be a further failure because of the hostility towards the homosexual object. Thus the patient goes into a depression.

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## THE DISCUSSION OF THE 'INSTINCT TO MASTER'

### A Letter to the Editors

DEAR SIRs:

In two recent contributions to ego psychology published in this QUARTERLY (Instinct and the Ego During Infancy, XI, 1942, p. 33, and Work and the Pleasure Principle, XII, 1943, p. 311), I have introduced the theory of an 'instinct to master'. This hypothesis was suggested to provide a dynamic explanation of the force impelling the development and exercise of ego functions.

Adverse criticism of these papers has centered almost entirely on this hypothesis. There was general agreement by discussants as to the validity and significance of the other chief conclusions advanced in these papers, namely, the nature of the 'work principle', the rôle of infantile partial functions in ego development, and the 'regression of the ego to the phase of the unlearned functions', which occurs in neurosis. I am therefore adding this footnote, first, to emphasize that the validity of these other inductions does not depend upon acceptance of the hypothesis of an 'instinct to master'; and, secondly, to clarify my reasons for personally finding the 'instinct to master' a useful concept.

The arguments against the instinct to master, offered by such competent discussants as Thomas French, Karl Menninger, Robert Waelder, and Edward Bibring<sup>1</sup> stem from several points of view and may be adequately summarized under three headings:

(1) It is simpler to regard the ego as an organization, distinguished from the id, and providing forms of pleasure which are not themselves instinctual gratifications.

(2) The instinct to master is unnecessary, as the phenomena I have discussed can be satisfactorily interpreted in terms of our present instinct classifications.

(3) It adds confusion to the already involved discussion of the psychoanalytic theory of instincts.

First of all, let us keep clearly in mind that the instinct to master is a hypothesis and that a hypothesis is not imposed irrefutably upon us like data, but is designed to facilitate com-

<sup>1</sup> Bibring, Edward: *The Conception of the Repetition Compulsion*. This QUARTERLY, XII, 1943, pp. 486-519.

prehension, explanation and discussion of a certain category of facts. The problem is not so much whether it is right or wrong, but whether it is a useful intellectual tool, and whether it serves not only its proponent but his colleagues in formulating their mutual problems.

The hypothesis of the instinct to master has been designed with this in mind. We wish to interpret facts about the ego, conscious and unconscious manifestations which we have observed, and the relation of its early to its late manifestations. The instinct to master is formulated from this viewpoint, one so important that it seems best not to rely entirely upon second-hand applications of hypotheses derived from other material alone (such as the libido theory and the idea of libidization of the ego) if the relation of facts and hypothesis is to be clearly established.

The cornerstone of the hypothesis is the conviction that ego functions should be interpreted in terms of a dynamic theory, and that the basic postulates of Freud's instinct theory are the best for this purpose, regardless of what specific instinct may be defined. Against this viewpoint such critics as Robert Waelder argue that, although ego pleasures exist and should be clearly distinguished from id pleasures, the ego is essentially an organization of effectors which serve to discharge instincts. Their functions may be described as 'tendencies' but should not themselves be described in terms of instinct. This viewpoint, I presume, is much like a statement that the throttle and steering gear of an automobile cannot be described in terms of gasoline. But then, there is another force, the driver, which manipulates the apparatus, and controls the explosive mixture of the auto. Waelder's viewpoint seems to me to be derived from the more academic versions of analytic theory which regard ego and id as discrete and opposed, not to say combative, structures; it is a view which Freud himself warned us against in his original diagram<sup>2</sup> showing the ego was a derivative of the id. This traditional concept of the ego as a machine in contrast to the kinetic id seems to me in great need of modification; the ego must be regarded as fundamentally dynamic, if we are to progress in its study, and we must therefore form some concept of its dynamic properties.

<sup>2</sup> Freud: *The Ego and the Id*. (Trans. by Joan Riviere.) London: Hogarth Press, 1927, pp. 28-29.



The primary aim of our hypothesis is therefore to establish a concept explaining what forces make the ego function. Our starting point is Freud's general concept of the instincts as forces whose source is biological, producing tensions whose release is experienced as pleasure. Furthermore, instincts are classified by Freud according to their goals; the ego goals do not appear adequately defined by the libido theory, yet they are more specific than those of the 'life instincts' as described by Freud. One possible answer to this problem is that implied in Thomas French's valuable discussion of the ego, especially of the 'cognitive fields'.<sup>3</sup> He does not in any sense reject the idea of instinctual determination of 'goal directed behavior', but he does not find it necessary to specify and classify those instincts which do the goal directing.

I, however, find that there is a very specific aim of the executant ego functions, that of effective and integrated performance, and that this serves as an adequate guide in the definition of the goal of a specific instinct.

For the name chosen I hold no brief, and should welcome the suggestion of a better. As none has occurred to me, it seems just as well to use a word already used by Freud<sup>4</sup> '*Bewältigungstrieb*'; unfortunately it was never carefully defined by him, but was later developed by Bernfeld.<sup>5</sup> I have been surprised that only George Gardner has pointed out that the 'instinct to master' is essentially the same as Alfred Adler's 'will to power'. In fact, I readily acknowledge his prior contribution to this subject, but do not follow his footsteps in rejecting many other important aspects of analytic psychology. Others have discussed essentially the same fundamental factor in human motivation, for example, Veblen in his theory of work performance, Karl Bleuler in his discussion of *Funktionslust*; and more recently, in an especially creative way, Andras Angyal<sup>6</sup> in his formulation of the trend to autonomy.

But there is another important reason for the hypothesis of the instinct to master, and that is to distinguish both the instinct

<sup>3</sup> French, Thomas: *Goal Mechanism and Integrative Field*. Psychosomatic Med., III, 1941, p. 226.

<sup>4</sup> Freud: *Predisposition to Obsessional Neurosis*. Coll. Papers, II, p. 122.

<sup>5</sup> Bernfeld, Siegfried: *The Psychology of the Infant*. New York: Brentano's, 1929.

<sup>6</sup> Angyal, Andras: *Foundations for a Science of Personality*. New York: The Commonwealth Fund, 1941.



and the functions it determines clearly from those 'instincts' originally formulated with another group of facts in mind. Dr. Karl Menninger, for example, while heartily accepting the 'work principle', prefers to ascribe it to those forces already described as aggressive instincts. But 'aggression' has all the implications of its nontechnical usage; it refers to practically every human demonstration of force, unintegrated as well as integrated, and especially to destructive forces, whereas the aims of the 'instinct to master' are by definition creative and useful. Personally, I incline to reserve 'aggression' for those forces motivated by the desire to destroy either the rival of a sexual object or the antagonist of a narcissistic need. This applies even more to the use of 'destructive instincts' (*Destruktionstriebe*). I am not, however, an opponent of the death instinct theory, and if anyone, Dr. Menninger particularly, wishes to regard the instinct to master as a derivative of the death instincts, I shall find no fundamental contradiction in that. 'Ego instinct' is a more appropriate name, but has been used by Freud himself in so many ways that I prefer to avoid the complication of scrambled definition this excellent term involves. I do, however, consider the instinct to master as one of the ego instincts, and should consider the needs for nourishment and for self-preservation as other members of this group.

Classical analysis was long accustomed to ascribe most of the phenomena I am discussing to sadism. This I wish particularly to avoid, not so much because it confuses the nature of ego functions and the sexual drives, as because it seems to me to vitiate the very valuable concept of sadism itself. 'Sadism' should be confined to aggression toward a sexually cathected object; this itself is a sufficiently complicated clinical and theoretical problem, without extending the use of sadism to everything which in any way involves aggression, destruction, or mastery. To do so made the theorists of twenty years ago slaves of the libido theory, suffering from the compulsion to describe every phase of life as sexual. If Beyond the Pleasure Principle accomplished nothing else, it at least freed analysis of this, and I should not wish to revert to the pan-sadistic point of view.

In this long note, I have not so much tried to uphold the hypothesis of the instinct to master, as to make clear to those who have done me the kindness to read this far how and why the hypothesis was arrived at, and especially my opinion that



the ego should be defined in terms of instincts, and that the definition of the instinct in terms of efficiency of performance, whatever it may be named, frees us for new investigations of the ego in terms of biological forces and psychological needs, but untrammelled by the complicated traditions of sexual instinct theory.

IVES HENDRICK (BOSTON)

## BOOK REVIEWS

MIND, MEDICINE, AND MAN. By Gregory Zilboorg, M.D. New York: Harcourt, Brace & Co., 1943. 344 pp.

Dr. Zilboorg deals with such a multitude of problems that it is well-nigh impossible to discuss them to satisfaction. For those readers who are already acquainted with the author's ability to express his ideas, there is no need to emphasize that this book, too, is splendidly written. Here again one finds Zilboorg's skill in exposing the most difficult and involved concepts in clear and convincing language; the scientific terminology is employed with much care and point. We know only too well how difficult a task this is, and how rarely it is successfully accomplished. The author has refrained most successfully from vitiating scientific values—a method so commonly resorted to in the attempt to popularize science, and one which is almost invariably confusing and misleading. It goes without saying that Zilboorg has overlooked no opportunity in paying special attention to the historical setting and background of the problems he discusses, an orientation inherent in the thinking of the author of *A History of Medical Psychology*.

Although intended for the enlightenment of the laity, this book contains many original ideas which will be useful as well as stimulating to the practicing psychoanalyst. As it is impossible to discuss all the problems Zilboorg has dealt with, we can but single out some which are of particular interest.

In his first chapter, *On Certain Misconceptions*, the author discusses the resistance to psychological thinking which man has manifested throughout the ages, pointing out that both the patient and the medical man have hampered the development of psychology. A most conspicuous misconception has been the belief that the human body and mind are ultimate and definitive products of nature. This is no more than an illusory comfort and a fallacy, since the human organism, while possessing many specific centers and organs to which functions are assigned, is far from being perfectly organized or departmentalized. The fact that after destruction of parts of the brain substance the corresponding functions are only temporarily lost, should serve as proof that not even



the brain can claim absolute specialization. Moreover, a state of perfection necessarily means annihilation, for in that state the organs would have become so fragile and delicate that they would not be able to resist the slightest injury. Thus we see how incorrect it is to ascribe to anatomy alone the origin of functions, and there are many functions, such as love, hatred, gaiety, for which no centers have been found. In this respect, the human organism may be compared to the unicellular amoeba, which performs all its functions without any specific organs or centers or, as the author puts it, on an 'all-over' basis. Therefore, the functions for which no specific centers have been discovered may be considered as working on an 'all-over' basis, that is to say, with the participation of the whole organism. For example, one is anxious 'all-over', one hates 'all-over', loves 'all-over,' etc. These functions the author calls psychological or 'total', like the ingestion of food by the amoeba. Thus the purely physiological functions of the amoeba can also be considered as psychological functions, because they are 'all-over, total functions'. This consideration leads the author to the following definition: 'A psychological phenomenon is a biological function for which no specialized organ is found in the living organism.'

These original ideas which Zilboorg sets forth with much modesty and caution—lest he injure anew man's narcissism—arouse in the reader an interest and curiosity which leave him in a state of impatient suspense for a further elaboration of them. Undoubtedly, Zilboorg will soon satisfy this curiosity by giving the essentials of the mechanism and nature of the functioning on an 'all-over' basis. This is a problem about which there has been much discussion for many years. There is the book by Bertram C. A. Windle, entitled *Vitalism and Scholasticism*, in which the various viewpoints are summarized and the integration of the nonmechanistic concept is referred to as 'something-over'. As for the incorrectness of the belief that the human body and mind are perfect, there are many data to substantiate Zilboorg's opinion. One is readily reminded of Economo's theory of 'Progressive Cerebration' (*The Cytoarchitectonics of the Human Cerebral Cortex*, 1929). There is no need to elaborate on this already well-known theory, except to point out that Economo was of the opinion that the brain is undergoing a continuous development. There is also the epoch-making theory expounded some eighteen years ago by the Dutch



anatomist, Bolk (*Das Problem der Menschenwerdung*, Amsterdam, 1926), to the effect that the development of the human organism is far from being perfect. In his so-called theory of retardation of the human development, Bolk was able to demonstrate that in certain respects the human organism changes and degenerates progressively. He went so far as to say that the human organism will finally disappear completely. As he puts it, ' . . . the more the human organism anthropomorphizes, the closer it approaches the fatal point where any further progress would mean its annihilation. But this progress of humanity is unavoidable, as so is its end'. Bolk here quotes Nietzsche's saying, 'By your own virtues shall you perish'. All this, of course, sounds very pessimistic, but we may say with Zilboorg that in matters of science there is no pessimism and no optimism, there is only sober and objective observation.

We see what disparity there is between reality and common belief, yet these misconceptions seem to be very deeply entrenched in human thinking. One is almost inclined to see them as a reaction-formation against inner weaknesses and insecurity. In the sixth chapter of Zilboorg's book, in which he discusses the nature of civilization, it will be seen how deeply entrenched the egocentricity of mankind is, and what narcissistic pride the human being takes in his own organism.

In his analysis of Freud's basic ideas of civilization, Zilboorg dwells on the very timely and very knotty problem which resolves itself into the question of whether or not there is such a phenomenon as mass neurosis or mass psychosis. Zilboorg is of the opinion that this concept which Freud would definitely have accepted, and which has become widely recognized in recent times, is to be refuted. 'No community', says Zilboorg, 'no race, no civilization can suffer from any mental disease, anymore than nature can suffer from any physical disease'. This viewpoint seems to be tenable, since it would be much more fitting to speak of a neurotic or psychotic behavior than of a definite, circumscribed, pathological condition of masses. Incidentally, while Freud definitely referred to religion as a neurosis, he seems to have been hesitant to state the concept of mass neurosis in general. He warned against hasty and free use of analogies, considering it dangerous to 'drag them [the concepts] out of the region where they originated and have matured'—a fact to which Zilboorg himself has referred.



To come back to Zilboorg's theoretical consideration, we agree fully with him when he says that '... To attribute to society qualities and reactions of single human individuals cannot be anything but a projection of one's own feelings into an inorganic phenomenon, the chief characteristic of which is that it is not an individual but a community made up of individuals.'

To illustrate the egocentricity of man and the anthropomorphic view of civilization, Zilboorg gives an excellent example by referring to the French sociologist Worms, who in all seriousness expressed this understanding in a plan according to which society might be compared to a biological organism, with the government as the brain, the railroads as the blood-vessels, the telephone and telegraph networks as the nervous system, etc.<sup>1</sup> Dr. Zilboorg also refers to the case in point of the English psychoanalyst who attempted to evaluate the growth of the superego and the id of English society during this war period by gathering statistics pertaining to such matters as increase or decrease in church attendance and in the number of children born out of wedlock. Zilboorg warns against the pitfalls which lie in the path of all generalizations which can lead only to a projection of one's own feelings into society. To him society cannot be considered healthy or sick. 'It just is, as life just is.'

In this connection the author also recommends much more realism and sobriety and less enthusiasm in the eagerness to cure society as a whole of its various illnesses. To him the proposal of a 'social science medical center' revives the old Platonic ideal of a republic with perfect philosophers as rulers. He considers naïve the suggestion advanced by scientists to the effect that if all those in governing positions were to be psychoanalyzed society would be spared many avoidable political disasters.

However inadequate this review must be, we cannot omit

<sup>1</sup> For that matter, it may be recalled that in a book entitled *The Promise of Scientific Humanism*, by Oliver L. Reiser, recently reviewed by Bartemeier in *This QUARTERLY* (XII, 1943, pp. 274-278), there was expressed the promise of a world in which the nations 'will have evolved for the social organism a world-sensorium, a center of intellectual dominance' which would be to the world what the cerebral hemispheres are to the individual organism as conceived by nature. Reiser remarked that '... until we have an organ to centralize and coördinate the complexity of function of the emerging social organism, our humanitarian aspirations will suffer defeat'.



mention of the last two chapters of the book, which are of particular interest. Chapter eight, on Crime and Judgment, is in itself a masterpiece. It is a real survey of the contributions psychoanalysis has made to criminology, and is at the same time an eloquent plea to the exponents of law to revise their yardsticks of punishment in accordance with the new findings of psychology. Zilboorg points out with arresting clarity that all punishment is based on revenge which society vents on the criminal. He has apparently purposely omitted to mention other reasons for punishment, such as intimidation for the purpose of prevention, since this too may probably be subordinate to the prime motive of revenge.

In his very interesting discussion of homicidal tendencies, Zilboorg reminds us of the curious phenomenon discerned many years ago, that there is an inverse proportion between homicides and suicides in certain countries. This phenomenon which puzzled sociologists so much is now better understood thanks to the psychoanalytic studies on aggression. Incidentally, the Italian sociologist, Enrico Ferri, already referred to this antagonism between homicide and suicide as two manifestations with a single origin.

In his last chapter, the author undertakes a task which may well be thought of as 'a consummation devoutly to be wish'd'. Here again we find an attempt to reconcile religion and psychoanalysis. Let us say at once that he has most eloquently demonstrated that the reconciliation is possible, inasmuch as there has never existed any real antagonism between religion and psychoanalysis except in the minds of certain groups of people. Zilboorg shows that psychoanalysis, despite Freud's negative attitude towards religion, can corroborate the tenets and lore of religion since both are based on the same principle—love. Furthermore, since psychoanalysis has never dealt with the problem of soul but only with the psychic apparatus, it can never encroach on religion. The representatives of religion have never given careful thought to this fact. 'It is baffling', says Zilboorg, 'and often confusing and embarrassing to note that our Christian thought has failed to accept and wishes to reject a scientific finding and conclusion which not only lends support to the fundamental precepts of its own ethicoreligious teaching, but also brings a biological, observational, and scientific proof of the revelatory intuition which has inspired religious teachers since the time of St. Augustine.'



At this point one cannot help remembering the significant words of Zilboorg in his brilliant paper on Psychology and Culture, when he discussed the neo-Thomists and their attitude to psychoanalysis. There he doubts that 'rationalistic argumentation' will suffice, . . . 'for faith and scientific fact in matters psychological can never meet'.

PAUL FRIEDMAN (NEW YORK)

THOUGHTS OF A PSYCHIATRIST ON THE WAR AND AFTER. By William A. White, M.D. Washington, D. C.: The William Alanson White Psychiatric Foundation, Inc., 1942. 28 pp. (Originally copyrighted by Paul B. Hoeber in 1919.)

One of the marks of the true philosopher is his timelessness, his enunciation of basic truths which are applicable when uttered, or a quarter of a century later. Of those who have contributed to the literature of psychiatry, William Alanson White stands out as one who not only saw fundamental truths, but expressed them eloquently and effectively. In 1919, at the close of World War I, he published a little book, long since out of print, in which he portrayed most felicitously the psychiatric philosophy of war. The Foundation which bears his name has placed the country in its debt by reprinting this volume at a time when the whole world is again rocked by war; its applicability to the present happenings is startling indeed.

The chapter headings are in themselves suggestive, and indicate the scope of the work: The Social Perspective; Psychology of Conflict; Integration of Social Groups; Psychological Effects of War; Psychological Causes of War; Some Tendencies Quickened by War; Individualism Versus Socialism; The Socially Handicapped. A summary of each chapter would be worth reading, but the style is so packed with meaning and substance that no summary could do it justice.

The phenomena of conflict, of integration and of regression, are extended by the author from the individual to the group. Just as certain nations, he says, are in a relatively immature state of integration, so, *a fortiori*, is a league of nations infantile and immature, even though the constituent nations may be individually advanced. 'Lying and deceit of all kinds are pretty well tabooed as types of individual reaction, but they are still in evidence in the diplomatic inter-relations between nations.'

War is a mass regression and like regression in the individual,

is accompanied by the dominance of hate and fear. Yet, ambivalently, war at the same time 'calls forth the loftiest type of aspirations, the most exalted acts of daring heroism and of self-sacrifice, and unselfish devotion of which man is capable'. Doctor White quotes Ernest Jones as saying that war 'is a miniature of life in general at its sharpest pitch of intensity'. Thus there is a constructive side to war. At times, certainly, war has been a necessary prelude to further progress, by sweeping away the undesirable accumulations from the past. 'Whether it will be [necessary] in the future depends upon whether some sublimated form of procedure can adequately be substituted. . . . It remains to be seen whether nations can unite to a similar end and perhaps, by the establishment of an international court, and by other means, deal in a similar way with infractions of international law' (p. 18).

'Has the time come when the greatest of all national calamities can be made the greatest of national opportunities? Is there a developed, constructive statesmanship equal to turning the tide towards the great constructive possibilities? The allied nations are in a position to answer these questions. They stand on the threshold of the greatest of all opportunities.'

A great book. May it be required reading for our postwar administrators of liberated and conquered territories, and for all who sit about the peace table!

WINFRED OVERHOLSER (WASHINGTON, D. C.)

PSYCHOLOGICAL EFFECTS OF WAR ON CITIZEN AND SOLDIER. By R. D. Gillespie, M.D. New York: W. W. Norton & Co., Inc., 1942. 250 pp.

Sometimes the reviewer of a book is tempted to read the table of contents, then to glance through the pages and finally to give his general impression. It is impossible to do this with Gillespie's book because it fascinates the reader from the very beginning by its wide scope and perspective. It is not the author's intention merely to give his experiences and views on mental disorders as they are precipitated by the war but rather to develop his basic concept that psychiatry, above all medical specialties, is a 'social science' which enables us, through the study of psychoneuroses, to uncover and influence social factors, as far as they are responsible for the causation and precipitation of individual neuroses. Gil-



Gillespie wants the psychiatrist to be a 'technician in human relationships', whose skill should help the individual to adapt himself to the demands of civilization without falling sick. The psychiatrist should also act in an advisory capacity to society for the purpose of bringing social standards, when necessary, into agreement with the principles of mental hygiene. Gillespie deserves the gratitude of all psychiatrists because he teaches them to extend their function to the broader concept of applied preventive psychology.

As far as the traumatic effects of the present war are concerned, the author has the courage to point at the ultimate 'issues that are raised by the occurrence of another world cataclysm and . . . especially to the psychological aspects of its causation and to the question of what can be done to prevent in some fundamental fashion its repetition'.

It is unfortunate that Gillespie, although apparently accepting the fundamentals of psychoanalysis, believed it necessary to argue with Freud on some of his concepts, where there is actually no real disagreement. In accepting the misinterpretations of some recent critics of Freud, Gillespie falls a prey to their misconceptions. For instance, in the chapter Cultural Selection versus Biological Transmission of Traits he commits this error in commenting on 'Freudian pessimism which is probably itself a complex determined matter . . . it has as its theoretical justification the supposed biological determination of human nature. . . .' He thus makes the common mistake of confusing human nature with human character. Human nature is determined by the biological forces of the instincts, the id. However, the development of the human character—the ego—is the result of the alteration which the biological forces of the id have to undergo due to the impact of the surrounding reality, i.e., the demands of society. It is Freud who has taught us that the process of character formation in each individual is identical with the cultural development of society—i.e., the civilizing process which 'passes over mankind'. Both are reciprocal processes which develop through the renunciation of biological instinctual gratifications. Freud has shown us that the alteration of the modes of expression of biological forces—what he has called the 'vicissitudes of the instincts'—comes about through the demands of civilization.

Thus it was Freud who laid the foundations for social psycho-



pathology. No psychoanalyst would contradict Gillespie's thesis that 'cultural selection of traits is at least as important as biological transmission'. The findings of Margaret Mead and Ruth Benedict which the author cites are not arguments against but a confirmation of Freud's theories.

In taking the syndrome of psychoneuroses as a cardinal phenomenon of social psychopathology, Gillespie succeeds in mastering the comprehensive problem of *The Psychological Effects of War on Citizen and Soldier* by presenting it in three main divisions.

In the first he devotes three chapters to a general study of psychoneurosis: (1) a historical review of its changing concepts; (2) its constitutional factors and (3) the social factors in its etiology. The second division treats psychoneurosis as it is precipitated in this war. One chapter is devoted to the psychoneuroses of civilians in war and another chapter to psychoneuroses of the fighting forces. Following this there is a relatively short but interesting chapter on the subject of individual and national morale. From this he leads into his third main topic which deals with the problems of mental hygiene as they will confront us when the war is over.

Here again Gillespie is not content to point out to what extent and in what way the psychiatrist will be called upon to take care of the mental aftermath of the war. He extends his view to a consideration of the ways in which the psychological bases of the social interrelationship of the individual and society which are characteristic of war can be utilized in bringing about better mental health for individuals living under the conditions of peace. Gillespie aims at an increase of the inner self-esteem of the individual by, on the one hand, his being inculcated with a greater feeling of responsibility for society and, on the other hand, his being given the opportunity of greater individual participation in its collective activities. This group spirit developed in wartime, when carried over to peacetime conditions, is effective as a preventive against the mental disorders which make the individual asocial or antisocial.

Gillespie refers to the particular principles that govern our economic life, which he feels should be abandoned: competitiveness, possessiveness and the search for power. He carefully weighs the psychology of work and its counterpart, unemployment, and



compares this with the occupation of the soldier in war. 'The sentiments surrounding work . . . could be such as to generate a sense of coöperation towards the community and not of competitive hostility because the feeling of contribution, of giving something to the common cause, implies *consciously* or *unconsciously affection* [italics mine] in some sense. With our present arrangement of society this sense of communal contribution is available to a considerable number of people only in time of war. They find the usefulness they had never before been allowed to have and they are apt to be thrown back into uselessness when the war is over.'

Gillespie's book should be particularly valuable after the war when the government will be again confronted with a host of compensation neuroses and when the mistakes made after the first world war, such as methods of treatment which pushed the problem of paying or not paying unduly into the foreground, instead of treating the neurotic as such, can be recognized and avoided. Gillespie calls our attention to 'the old paradox that the man may be willing to remain psychologically ill for about half the remuneration he would get if he were working', and concludes, 'sickness benefit represents security . . . perhaps economic security is never in itself sufficient, but *anxiety* [italics mine] is almost certainly a contributing factor in a great many instances'.

These few quotations show how carefully Gillespie took into consideration the social factors responsible for the precipitation of mental disorders. Of course, they are intended only as an introduction to his main topic of how the environmental factors affect the human mind when the individuals, civilians as well as soldiers, are engaged in a total war. We are benefitting from the fact that Gillespie, a Wing Commander of the Royal Air Force, could make his observations in a country which has been at war since 1939. By giving us his experiences in observing the actions and reactions of the heroic British people he really gives our psychiatrists an opportunity to look upon England at war as a psychological testing ground.

On the subject of civilians at war, Gillespie gives extensive reports concerning the normal, as well as the pathological reactions which individuals show in bombed areas. He shows how psychological principles are observed in the organization of civilian



defense, such as evacuation or shelter life. These measures of physical protection can at the same time serve as mental defenses against the impact of shock experiences.

In the chapter on Psychoneuroses in the Fighting Forces, Gillespie carefully investigates all predisposing factors which may lead to war neuroses. He points out that the soldier is more apt to develop mental disorders than the civilian, not only because he is more exposed to dangerous situations, but also because he is subjected to military discipline. Military discipline is on the one hand the basis of soldier morale, but on the other it contains some factors which may precipitate neurotic reactions. Gillespie sees a preventive against neuroses in the development of 'inner discipline' in association with individual responsibility, hand in hand with military discipline. 'The greater the individual responsibility the less likelihood of primitive or at least socially inadequate reactions. . . . The greater the sense of individual responsibility, the less likelihood of neuroses. The more widely the soldier's sense of responsibility can be spread without impairing the cohesion of the group, the rarer psychoneurotic illnesses are going to be.' To support this point of view he gives interesting examples from different branches of the services.

The few exceptions which the psychoanalyst might take to this chapter do not alter the value of Gillespie's findings and conclusions. One questions his psychology of amnesia and also feels that, in contesting Freud's theory of traumatic neurosis, he actually has a misconception of Freud's metapsychological viewpoint on the lack of anxiety preparedness in traumatic neurosis. As far as the treatment of war neuroses is concerned the author makes significant suggestions. From a psychoanalytic point of view, additional consideration might be given to a technique aiming at the restoration of the disturbed affect-economics of the war neurotic.

Gillespie concludes that the psychiatrist has a two-fold task in this war: to care for the mentally ill and to help to develop and keep up the morale of the group. In his responsibility to both he will sometimes be in conflict in making a therapeutic decision. Gillespie's book will be a good resource for the military psychiatrist in such situations. Here is one of his pertinent statements: 'It has to be recognized that even where a man with a heavy neurotic load goes back, the amount that can be expected of him is less



than in the majority, because he is, as it were, fighting on two fronts against the enemy and against himself.'

The book must be read to be appreciated. Even though the psychonanalyst may take exception to some of the statements, this is but a proof of Gillespie's ability to stimulate discussion which may lead to productive thinking in this field.

ERNST SIMMEL (LOS ANGELES)

DIE PSYCHOLOGIE VON C. G. JUNG. (The Psychology of C. G. Jung.)

By J. Jacobi. Zurich: Rascher Verlag, 1940. 184 pp.

After a preface consisting of a short blessing by C. G. Jung, the author summarizes Jung's psychology. To be more exact, he gives an exposition of Jungian metapsychology. This is done with all the vagueness, emptiness and almost intolerable verbosity which characterizes the later part of Jung's and his pupils' work. Only with difficulty can one rediscover in these utterances the concepts of a man who once made such important contributions to psychiatric research as the association experiments (1906) and *The Psychology of Dementia Præcox*.

The book is beautified by illustrations which are supposed to schematize and symbolize complicated psychological relationships. Some of them are the paintings of a schizophrenic patient but it is not clear whose psychosis they illustrate. In the last chapter the author promises to show the way from mysticism and allegory to the practical application of Jung's psychology. It must be read in the German original to get the full impact of Jungian 'Individuation' in the process of finding 'One's own Self' in 'One's own Centre'. The bibliography, which forms the last part of Jacobi's book, seems to be somewhat incomplete after the year 1933.

MARTIN GROTHJAHN (CINCINNATI)

FOUNDATIONS OF NEUROPSYCHIATRY. By Stanley Cobb. Second Revised and Enlarged Edition. Baltimore: The Williams & Wilkins Company, 1941. 231 pp.

This book is a revised edition of the author's *Preface to Nervous Disease*, published in 1936, written then to give to practitioners and students of medicine the facts and correlations needed to understand the simpler workings of the central nervous system. In an introduction, the author presents his conception of a hier-

archy of sciences with the implication that psychiatry as yet cannot be treated with the same precision that the so-called sciences can. He believes that the brain is the organ of mind, that psychology is the study of the mind, and psychiatry the study of the abnormal mind. The distinction between a normal mental state and an abnormal one cannot be clearly and sharply defined. There is no psychopathology without a system of psychology.

From the standpoint of neurology, one finds much of value in terms of basic facts upon which the structure of neurology is built. Ten of the twelve chapters deal with neurology. Throughout the book, the emphasis is physiological and neurological. In the treatment of the more concrete and tangible aspects of the nervous system, a high level of excellence is maintained. Wherever possible Cobb utilizes dynamic conceptions and applies the integration-disintegration thesis. He brings a refreshing clearness and conciseness to factual material, and one must admire his outspoken and frank attitude. The chapter on cerebral circulation might be singled out as of special importance. Cobb has been one of the pioneers in its study.

The author presents a brief objective description of the main syndromes found in psychiatry, stating his predilection for Meyer's 'reaction types'. Despite Cobb's awareness of the complexity of psychiatric problems and his attempt to regard psychiatry from the scientific standpoint, the psychological element in psychiatry, or the conception of the person as an individual, does not receive sufficient consideration. For example, interpersonal relations are conceived as being based upon the fact that one nervous system is brought in relation to another nervous system: 'Neurology then takes the step into the domain of sociology.'

J. J. MICHAELS (BOSTON)

A LONG-TERM STUDY OF THE EXPERIMENTAL NEUROSIS IN THE SHEEP AND DOG WITH NINE CASE HISTORIES. By O. D. Anderson and Richard Parmenter. Psychosomatic Med. Monograph Vol. II, Nos. III and IV. Washington: National Research Council, 1941. 150 pp.

Out of a total of twenty-eight sheep and twenty-six dogs studied, the authors succeeded in inducing an experimental 'neurosis' in seven sheep and three dogs. The dogs with experimental neurosis



were observed over a period of four years and the sheep for twelve years.

The first step in the experiment was the setting up of a conditioned reflex effected by utilizing a new method: a stimulus, such as a sound, was reënforced by the application of a mild electric shock to the forelimb of the animal; the motor response to the stimulus or the shock was a defensive flexion movement of the limb accompanied by movements of the head and trunk. To precipitate an experimental neurosis several measures were now introduced. One consisted of making the differentiation of stimuli difficult. It was found, for example, that the sheep formed a positive conditioned motor response to a metronome beating at the rate of 120 per minute, reënforced by a mild electric shock, and was able to distinguish between this metronome and one beating at the rate of 50 per minute and not reënforced by a shock. When the negative stimulus was then gradually advanced until the metronome rate was 100 per minute, discrimination broke down and experimental neurosis set in, while all conditioned responses disappeared. The same results were obtained when the procedure was varied so that, instead of the positive and negative stimuli alternating, a positive stimulus was succeeded by a long series of negative stimuli. A third method for producing the experimental neurosis consisted of setting up a rigid time schedule; instead of alternating a positive and negative stimulus at variable intervals of time, the interval was made a fixed one. The time required to induce the neurosis was thought to depend upon the genetic susceptibility of the animal, the intensity of the testing schedule, the strength and probably the unpleasantness of the unconditioned stimulus. It varied from ten days in one sheep to seven years in another.

The observations on the manifestation of experimental neurosis include prolonged study of the behavior of the animals, inside as well as outside the experimental station, the response of the digestive, urinary and sexual systems, as well as kymographic tracings of the salivary and neuromuscular reactions, respiration and pulse. The authors distinguish two types of reaction, 'excitatory' and 'inhibitory'. The former is characterized by restlessness, vocalization, micturition, vigorous reactions of offense and defense, disturbance of respiration and heightening of the pulse rate. The latter



is signalized by mildness and docility, passive stubbornness, weakening of defensive and offensive reactions, markedly variable respiration and pulse rate. Specifically, the following stigmata of experimental neurosis were observed: (1) Hyperirritability. In this state an insignificant stimulus elicits a forceful neuromuscular response; there is a brisk flexion of the reaction limb, or the animal jumps quickly and runs away or else crouches, trembles and urinates. (2) Overreaction to stimulation. The latent period between stimulus and flexion of the reaction limb shortens, the reaction movements increase in frequency and vigor, an abnormal posture or even manic excitement supervenes. (3) Restlessness, before and during the experiment. (4) Rigidity of the extremities, maintenance of postures of flexion or extension. (5) Immobilization of the reaction limb. The limb is not flexed on application of the stimulus but held extended and immobile against the ground. (6) Transfer of the motor reaction pattern to other parts of the body than the reaction limb. (7) Diurnal neuromuscular activity outside of the laboratory. The neurotic animal shows as much activity during the night as during the day, in contrast to normal animals. (8) Respiratory manifestations. In neurotic animals there is an increase in rate as well as changes of pattern and rhythm. (9) Cardiac manifestations. The cardiometer demonstrates an increase in pulse rate, irregularity of the pulse, and a heightened response to various stimuli; the electrocardiogram discloses no abnormalities. (10) Micturition and defecation. Disturbances in the retentive and expulsive functions are prominent. The authors stress the fact that these responses are exceedingly variable, not only from one animal to the next, but also in the same animal from day to day. The fact, moreover, that certain procedures elicit an experimental neurosis in one animal and not in another suggests a constitutional factor.

After the experimental neurosis had been set up, an attempt was made to ameliorate the condition by introducing certain factors. It was found that rest had some therapeutic value, although it was not effective in warding off a recurrence of the neurosis, once experimentation was resumed. If the problem of differentiation of stimuli was made easier for the animal, so that a solution was obtained, the neurosis ceased. A shift from one experimenter, towards whom the animal seemed hostile, to one towards whom



the animal appeared more friendly apparently was of little consequence. Cortin lessened the manifestations of neurosis, adrenalin increased them, while thyroid extract had no effect. Sedatives diminished the restlessness; ethyl alcohol had an exciting effect.

The authors proffer an explanation for the experimentally produced neurosis, the hypothesis that the neurosis is due to a chronic imbalance in the chemical environment of the body cells, particularly the nerve cells; this is considered secondary to a glandular imbalance, especially of the suprarenal and thyroid glands, induced by the repeated and prolonged emotional disturbances which result from the experimentation. They disclaim any intention to identify the experimental neurosis they have produced with human neurosis, pointing out merely that many of the manifestations noted are similar to those occurring in human beings who suffer from neurosis.

WILLIAM NEEDLES (NEW YORK)

**DARK LEGEND—A STUDY IN MURDER.** By Frederic Wertham. New York: Duell, Sloan, and Pearce, Inc., 1941. 270 pp.

Although written in fictional form, Dr. Wertham's *Dark Legend* is not a novel. As stated in the subtitle it is a study in murder, the case history of a boy who killed his mother, and who through the efforts of the author, the psychiatric consultant in the case, was committed to a State institution. After a number of years he was released on parole. The study marks a departure for it is the first time the work of the psychiatrist is brought sharply into focus and explained in terms understandable to the ordinary man.

Briefly it is the story of the son of southern Italian immigrants, who was born in the slums of New York's East Side. His father and mother were hard working people who, by the time Gino was four, and more children had arrived, managed to accumulate enough money to return to their native soil. There in a small village in the south of Italy the boy lived the life of any other child of his age. When he was eleven his father died. Being the oldest son, he tried to run the family bakery and do a man's job. But not many months passed, before an uncle, his father's enemy, openly became his mother's lover. From then on Gino and his brothers and sisters were neglected. They starved, went ragged, and were shunned by their companions. Gino swore vengeance.



He began to hate his mother and the phrase 'family honor' became fixed in his mind.

After years of misery the family returned to America, where as a fourteen year old boy he continued his hard life. He worked without respite, turning over all his earnings to his mother, who found a new series of lovers for herself. Gino showed both curiosity and hatred towards her activities. Although sexually mature, he remained virginal, a woman hater. Two years later, however, things changed. His mother had no more lovers and her interest in her family returned. She became 'good' to the boy, who by this time was almost a grown man. It looked as though happiness and order were about to return to their disrupted family life, when the tragedy occurred.

For months Gino had been planning to murder his mother. His employers described him as sullen and depressed. On the night of the crime, he first went to see a film depicting the vengeance of a man against a woman. He returned home late that evening half hoping to hear his mother's familiar greeting: 'Is that you, Gino?' Being met with silence, he quietly entered his mother's bedroom and knifed her in her sleep. Apparently she awoke and tried to defend herself. He stabbed her thirty-seven times, cutting his own hand 'by accident'. The young murderer calmly went out to a candy store to buy sweets for his little sisters and brothers, as he remembered his father had done when Gino was a small boy. On his way back, seeing a policeman he told him frankly of his deed.

To the popular mind such a heinous crime could only have been committed by a 'crazy man', and Dr. Wertham, who was called in consultation, convinced the law that the boy was insane at the time of the murder. During the subsequent period of hospitalization, Dr. Wertham had an opportunity for close study of the case. The present volume is the result of these studies.

Dr. Wertham familiarizes the reader with the problems of differential diagnosis with which the psychiatrist is confronted in his attempt to classify a case, and makes a great effort to reach an understanding of the murderer's impulses. He comes to the conclusion that the patient's act is explained by a hypothetical, supposedly universal, 'Orestes complex', and that the crime is the expression of a 'catathymic crisis'. It is this conclusion which will



puzzle the reader and arouse the objections of the psychiatric profession. He says that the œdipus complex does not apply in this case because his patient exhibited no hostility towards his father! He disposes of this matter in some ten lines.

It is nowhere evident why the author has to invent an Orestes complex or resort to a catathymic crisis to explain the psychology of this murder. For a time before the crime his mother no longer had lovers; she had begun to be 'good' to him. He had meanwhile attained full sexual maturity. While his mother had had lovers, a father figure was present which Gino could not challenge nor whose taboos could he violate by a hostile or incestuous attack upon his mother. But when she was alone, he could aspire to her love. He could become the father in reality as he had been before in fantasy. That he had an incestuous fixation is an assumption supported by the fact that he had found no sexual outlet anywhere else. Here then was the dilemma: incest or murder. And in the fashion of the unconscious, he achieved both. He murdered because the taboo of incest was too great, but in stabbing the mother he fulfilled his incestuous desires. He did it with a fury that drew its energy from a libido dammed up through the years.

The author draws many erudite parallels with the stories of Orestes and Hamlet, stimulating the reader to further thought on the subject. *Dark Legend* takes its place as another attempt to make the general public appreciate the work of the psychiatrist. The reason for the book, and its thesis, are summarized in Wertham's own phrase, 'To say insane explains nothing at all'.

MARTIN WANG (AMITYVILLE, N. Y.)

DISEASES OF THE DIGESTIVE SYSTEM. Edited by Sidney A. Portis. Philadelphia: Lea & Febiger, 1941. 952 pp.

This excellent book, to which fifty authors have contributed, covers the field of the digestive system in all its interrelationships.

The first chapter, by Ralph Major, deals with The History of Our Knowledge of Gastrointestinal Disease, and serves to give background to the field.

Of especial interest to psychiatrists is the chapter by Franz Alexander on Gastrointestinal Neuroses. In this discussion Alexander presents in a simple and direct manner the psychoanalytic

knowledge in relation to the gastrointestinal neuroses. Under the subheading, *The Disturbances of the Appetite and Eating*, he discusses the psychology of the nutritional process; eating inhibitions, particularly *anorexia nervosa*, a concept which he widens somewhat to include reactions to eating which are not usually included in the rather circumscribed syndrome of *anorexia nervosa*; *bulimia*; and nervous vomiting. *Disturbances of the Swallowing Act*, *Disturbances of the Digestive Functions*, and *Disturbances of the Eliminative Functions*, including chronic diarrhoea, spastic, mucous, and ulcerative colitis, and chronic constipation, are taken up. For each of these topics, in addition to the various psychological factors that may enter into the picture, he also discusses therapy.

Some of the psychoanalytic concepts are stated rather abruptly, and it might be difficult for the gastroenterologist to accept them on the basis of the evidence presented. This, however, may not be a valid criticism, since space limitation makes it impossible to enter into a detailed discussion of the various concepts used. Also the bibliography of the paper is complete enough so that anyone interested may refer to the original articles.

The chapter by Roy R. Grinker on *Neurogenic Disturbances of the Gastrointestinal Tract* is simply written and of value.

The paper by Chester Jones on *The Interpretation of Gastrointestinal Tract Pain* is especially worthy of mention. The following quotation aptly summarizes his attitude to the question: 'As the mechanism of pain is identical in patients with organic disease and in those with a local "spasm" due to parasympathetic or sympathetic over-stimulation, it is of fundamental importance to obtain an understanding of the patient in question, as well as of his "disease", before attempting to interpret and treat his symptoms' (p. 172).

Many of the authors take cognizance of the psychic factors involved and the relationship of these to therapy, although one might perhaps question the basis of some of the psychotherapeutic theory involved. One author, for instance, in discussing constipation, maintains that as much courage, patience, strength, and perseverance are required of the physician who has summarily discontinued the use of cathartics as is needed to withdraw narcotic drugs. 'To bolster the patient's morale and enlist his intelligent



coöperation, an explanation of elementary colon physiology and hygiene is invaluable. . . . There is no sounder psychotherapy for an apprehensive patient than the reassurance given by a series of x-ray films that the colon still propels its contents even in the absence of a bowel movement' (p. 767).

The book will serve both as a text and a reference and should be in the library of every psychiatrist interested in psychosomatic medicine.

M. RALPH KAUFMAN (BOSTON)

**BECOMING A KWOMA: TEACHING AND LEARNING IN A NEW GUINEA TRIBE.**

By John W. M. Whiting. With a Foreword by John Dollard. Published for the Institute of Human Relations by the Yale University Press, New Haven, 1941. 226 pp.

Becoming a Kwoma is an exceedingly interesting study of a New Guinea tribe with particular emphasis upon the process of transmission of cultural patterns from one generation to the next. The study was made under very difficult conditions, the author having been introduced to the tribe by the British Government agents under particularly threatening circumstances. The author seems nevertheless to have won the confidence of many of the tribe sufficiently to be able to give an exceedingly objective and penetrating report. There is a wealth of anecdotal material illustrating not only the customs and practices of this people but also the attitudes of many individuals toward them; and the author is particularly to be commended for the care which he has taken to distinguish between his direct observations and the inferences that he has drawn from them.

The book is written under the influence of Miller and Dollard's *Social Learning and Imitation*<sup>1</sup>, of which it is intended to be a practical application. The two theoretical chapters, however, suffer from being written too exclusively in terms of the theory of learning. Dollard in his foreword to *Becoming a Kwoma* criticizes 'freudian' psychology on the ground that 'there is no hypothesis in Freud's theory to explain learning'. 'This', he says, 'limits the usefulness of Freud's work for anthropologists'. It is also one of this reviewer's

<sup>1</sup> Miller, Neal E., and Dollard, John: *Social Learning and Imitation*. New Haven: Yale University Press, 1941.

theses that psychoanalysis has in the main paid too little attention to the learning process; but the two theoretical chapters of this book go to the other extreme. This is particularly evident in the chapter on the inculcation of supernatural beliefs. Psychoanalytic experience points to the conclusion that superstitious beliefs arise by a process that is not dissimilar to the process that gives rise to psychotic delusions. Certainly anyone who has had any experience with such material knows that psychotic patients have not been taught their delusions and that neither delusions nor superstitious beliefs can usually be removed by any kind of rational argument. It seems difficult to believe therefore that superstitions can be communicated by teaching unless the particular superstition taught fills some need of the pupil.

Psychoanalytic experience teaches us rather that superstitions like psychotic delusions usually represent wishes or the unpleasant consequences or punishments that are expected or desired as the result of guilty wishes. In the Kwoma material at least one instance of this sort is apparent even from superficial reading. At the period of weaning, the Kwoma child passes rather suddenly from a prolonged period of extreme indulgence to one in which the child's desires for food are sharply restricted. One would expect as a consequence that there would be many resentful impulses in reaction to these restrictions, especially in relation to food. A psychoanalyst is not surprised to learn, therefore, that food plays a big rôle in the supposed evil machinations of sorcerers among this people. Indeed in reporting his observations the author himself often indicates his awareness of the evident fact that belief in sorcery is one way that the Kwoma gives recognition to hostile impulses. In fact the author gives abundant evidence of his insight into the unconscious as well as the conscious motives that activate individual behavior in this tribe. It is only when later he attempts to fit his observations into a theoretical framework that insight into such emotional factors tends to be left out of account. The book contains a wealth of material that might very profitably be subjected to further analysis along the lines suggested by Kardiner <sup>2</sup>.

THOMAS M. FRENCH (CHICAGO)

<sup>2</sup> Kardiner, A.: *The Individual and His Society*. New York: Columbia University Press, 1939.



FEEDING OUR OLD FASHIONED CHILDREN. By C. Anderson Aldrich and Mary M. Aldrich. New York: The Macmillan Co., 1941. 112 pp.

A book for parents about the feeding difficulties of their offspring should be very persuasive. This little book is eminently that. By means of the simple and entertaining presentation of the facts, it will help to create in the lay reader a healthier point of view about anorexia and the eating problems of infants and children. The book is not dogmatic or pretentious. It has the virtue of obviously making good sense. The material is skilfully chosen and handled; the style, direct, racy and amusing.

One of the most widespread and tenacious problems the pediatrician is called upon to grapple with is anorexia. After he has performed a complete physical examination, little time may unfortunately remain for an adequate discussion of the subject. His recommendations are sometimes apt to cause bewilderment in the unprepared parent. The Aldrichs' book should lay a groundwork of preliminary parental enlightenment which will enable the pediatrician to function more effectively as an educator and a giver of insight.

IRWIN PHILIP SOBEL (NEW YORK)

## ABSTRACTS

Der Mythos vom Wein der Intendatur. (The Myth About the Army Wine.) Marie Bonaparte. *Int. Ztschr. f. Ps. u. Imago*, XXVI, 1941, pp. 220-231.

It was rumored in the French Army that bromides were being mixed into the wine issued to the soldiers with the effect of temporarily impairing their sexual potency. Similar warrior rumors were current among the mobilized armies of other countries and were also known during the first world war.

According to Frazer primitives of various tribes, before meeting their enemy, voluntarily subject themselves over an extended period of time to severe fasting rituals including sexual abstinence. This sacrifice had the purpose of influencing their God to protect them and bring them victory.

An analogous psychic mechanism, according to Bonaparte, seems to compel the modern warrior to abstinence which he no longer consciously accepts. The archaic commandment has become unconscious through biological and cultural development and returns into consciousness as a neurotic inhibition which the soldier in fantasy projects on an outside force.

Regarding the question as to why abstinence should lead to victory, two factors seem important. First, a magical, omnipotent quality is attributed to semen and it must be preserved to strengthen the warrior's body. Second, the archaic infantile fear of the primeval father who represents all enemies necessitates propitiation. The soldier may hope for victory provided it is preceded by a sacrifice (abstinence) which is a symbolical atonement for oedipal parricide. This gives him license to repeat the crime on the enemy. Abstinence thus represents the equivalent of castration. Primitives subject themselves consciously to the requirements of the taboo in obedience to the father, while the modern soldier does the same thing unconsciously by creating the 'myth of the drugged wine'.

MARGRIT MUNK

Über Kinderbücher und ihre Funktion in Latenz und Vorpubertät. (The Function of Children's Books in Latency and Prepuberty Periods.) Kate Friedländer. *Int. Ztschr. f. Ps. u. Imago*, XXVI, 1941, pp. 232-252.

With regard to the reading of children at the age of latency and prepuberty, the same facts hold true which have been demonstrated in the reading of smaller children. Children when reading are not looking for increased knowledge or for 'literary values' but for instinctual satisfactions and for the reduction of anxieties. However, since the instinctual structure in latency and prepuberty (in our society) is very different from the instinctual structure of little children, what is expected of books is accordingly different. The books which are most popular in the latency period show 'a few universal fantasies and defense mechanisms which are characteristic of the development of the child at this age', namely: 'family romance', an obviously unsexual elaboration of oedipus wishes (very often the child hero of the books has to substitute a dead



parent), 'denial in fantasy', and high demands of the ego ideal. The books which are more popular among thirteen-year-old children as they enter pre-puberty, again show a franker instinctual character: adventure stories (rivalry and the homosexual relationship of the son hero to the father), elaborations of the penis envy in girls' books, etc.

Educators often develop a similar attitude towards the passionate reading of children as towards their masturbation—they unconsciously recognize the factual relationship. Also the children themselves, after having made progress in their mental development, look back with contempt on what they read enthusiastically only a short time ago. The books evoke 'attraction as long as the emotional content is adequate, and contempt as soon as this emotional phase has been overcome'.

Adults who read passionately and continuously (or who develop neurotic inhibitions of reading) often still show the original instinctual function of reading very obviously. If the reading cannot serve as 'masturbation equivalent', disturbances of concentration occur.

The author tries to draw a few general pedagogical conclusions from these observations. If educators forbid reading, the effects are similar to the effects of the prohibition of masturbation. It is not necessary to subdivide all books into those which are pleasurable for the child himself and those which are desirable from an educational point of view. Syntheses are possible: 'It will be possible to give the children a book which is pleasurable enough still to be read and simultaneously satisfies the demands of education'. As an example, Kate Friedländer discusses Kästner's *Emil und die Detektive*. 'In consideration of the child's impulses for reading, it will be most purposeful to let the child follow his inclinations, and simultaneously to offer him books which contain the fantasies which correspond to the child's phase of development, but include educational and artistic values.'

OTTO FENICHEL

#### Notes on the Psychological Effects of War Conditions on the Civilian Population (I).

Edward Glover. *Int. J. Ps.*, XXII, 1941, pp. 132-146.

After mentioning a few unsuccessful attempts of general psychiatry to study the psychic reaction of the civilian population to the war, Glover reports two studies of the British psychoanalysts:

(1) A questionnaire was sent to the members of the British Psychoanalytic Society inquiring about the reactions of patients to the 1938 Munich crisis. About a hundred analytic patients were reached. The majority of them reacted with a generalized disturbance or with an aggravation of the symptoms. Some responded with improvement and a small minority seemed uninfluenced. The 'upset' patients produced different forms and degrees of anxiety, or equivalents of and defenses against anxiety. The special nature of the reaction depended on the clinical type of the neurosis. The improvements were mostly reaction-formations, but it was also observed that neurotic anxieties disappeared when real danger became threatening. The patients of a Scotch colleague showed no reaction—Scotland being farther away from the danger than London. In a



few cases the lack of reaction seemed to be due to the repression of an acute sadistic excitement. At certain points the reports are contradictory. Some analysts believe that the analyst's behavior was of no importance whatsoever in the patient's reactions. Some were of the opinion that the reactions of the patients were directly dependent on the analyst's behavior. Wealthy private patients seemed to be more upset in general than polyclinic patients; the intellectuals showed the most intense excitement. After the crisis most patients reacted as if they had been disappointed by the 'father'. Some patients showed 'delayed affects'. Opinions varied as to the therapeutic effectiveness of analysis in reference to excitement based on real danger. Foulkes believed that an interruption of his analyses was indicated because he was of the opinion that analysis would necessarily be ineffective as long as anxiety was justified in reality.

(2) A study concerning the 'pre-Blitz period' was made by the Psychological Aid Center which was established in the London Psychoanalytic Institute. The material from this study was disappointing. Before Dunkirk the Aid Center had 29 consultations and half of the patients were ordinary neurotics whose disturbances showed no essential connection with the war. One patient, who came because of the fear of being bombed, turned out to have been suffering from different forms of anxiety hysteria for years. Refugees seemed to have a more pessimistic attitude than the British. In Manchester the collected data were still more uninformative than in London. There was much public opposition against governmental orders concerning evacuation and there were many attempts to deny the danger.

A following paper will discuss the experiences after the 'Blitz'.

OTTO FENICHEL

**The Psychoanalytic Interpretation of Culture.** Géza Róheim. *Int. J. of Psa.*, XXII, 1941, pp. 147-169.

The argument of the paper is summarized by the author as follows:

'1. Culture or sublimations in a group are evolved through the same process as in the individual. 2. Cultural areas are conditioned by the typical infantile situation in each area. 3. Human culture as a whole is the consequence of our prolonged infancy. 4. Typically human forms of adjustment are derived from the infantile situation. 5. Our conquest of nature is due to the synthetic function of the ego. 6. Psychoanalytic interpretations of culture should always be ego plus id interpretations. 7. The interpretation of cultural elements through individual analysis is probably correct, but should be combined with the analysis of anthropological data.' An important part of the paper and of the eighty-two footnotes is taken up by a methodological discussion and confrontation of the author's extreme ontogenetic theories with Otto Fenichel's more sociological interpretation of culture, as stated in the latter's paper *The Drive to Amass Wealth*,<sup>1</sup> and others.

MARTIN GROTHJAHN

<sup>1</sup> This *QUARTERLY*, VII, 1938, pp. 69-95.



**The Unconscious Motives of Interest in Chess.** Isador H. Coriat, *Psa. Rev.*, XXVIII, 1941, pp. 30-36.

From material obtained during the analyses of several individuals who were chess players of varying degrees of ability, Coriat confirms Jones' conclusions that chess is a game preëminently anal-sadistic in nature in which the unconscious motivation is the symbolic expression of 'the wish to overcome the father in an acceptable way'. The motive and methods of chess harmonize with character traits and have their origin in the œdipus complex. The unconscious symbolic significance of the pieces themselves is also stressed. Finally, adult interest in chess is likened to play in children in which life situations are mastered through games.

NORMAN REIDER

**Neuroses and Personality Degradation.** Elias Perepel. *Psa. Rev.*, XXVIII, 1941, pp. 173-187.

Not only psychoses but also neuroses result in a degradation of the personality. This is a consequence of the very essence of the neuroses which Perepel looks upon partly from a freudian point of view but partly in a rather different way. He takes an 'ambivalent attitude towards the own ego' as the basis on which all neurotic phenomena have to be explained. An enormous conscious self-love is regularly counterbalanced by an unconscious self-hatred. This self-hatred is based on feelings of guilt which are rooted in childhood experiences such as 'bad influence, sex laxity on the part of adults, physical violence, religiousness'. 'Religious up-bringing' and 'repression of incestuous sadistic cravings', seem especially important. The ambivalence towards one's own ego is then responsible for all the other neurotic phenomena by distorting the patient's perception of reality. Strangely enough Perepel states that neurotics are never envious. A short analysis of Berlioz illustrates those theses. Finally Perepel expresses the opinion that the chronic tensions of the neurotic may eventually injure their brain organically.

OTTO FENICHEL

**A Case of Hypertension Improved by Psychotherapy.** John M. Schimmenti. *Psa. Rev.*, XXVIII, 1941, pp. 188-200.

The dynamics uncovered during the analysis of a thirty-two-year-old man suffering from hypertension are presented in pertinent detail. With the resolution of his conflicts his arterial pressure became normal. Strong œdipal conflicts, with predominant homosexual components, were found. At the pregenital level, narcissistic anal-sadistic and oral-masochistic wishes were prominent. Attainment of vasomotor stability seems to have been accomplished by a process of reëducation through analytic insight. 'Emotional hypertension' is stressed as the precursor of fully developed essential hypertension with its disastrous sequelæ. Psychotherapy is deemed particularly indicated in those cases of emotional hypertension which exhibit a frustrated or inhibited sexuality.

STEPHEN E. KRAMER

A Supplement to Freud's Theory of Wit. Sandor Feldman. *Psa. Rev.*, XXVIII, 1941, pp. 201-217.

The author states that Freud considers wit, humor and the comic as manifestations of a kind of faulty thinking. In all three phenomena the participants are not only subject to this faulty thinking but derive a sense of amusement from it. The writer further investigates the nature of this faulty thinking and the part played in it by the superego.

Feldman refers to Hermann's concept of a more primitive, illusory ('as if') phase of the superego which precedes the development of the mature or 'real' superego. The castration threat, for example, is accepted by the child in the illusory ('as if') way and he behaves as if the castration took place. For a period of time the child's train of thought is illusory, in addition to being intensive, for it occupies him to a great extent.

In Feldman's estimation, humor, comic and wit represent a regression from the dynamic point of view (as established by Hermann) to the illusory phase of the superego, a hypercathexis of this illusory superego at the cost of the cathexis of the ego and the more developed 'real' superego. From the economic viewpoint this regression from the real towards the illusory superego means economy of expenditure. The faulty thinking consists in the statement that something happened which did not actually take place or the opposite. This faulty thinking characterizes wit, humor and the comic alike. A patient used joking as the denial of his castration anxiety. He created for himself a state of humorous illusion and behaved as if the castration threat which in reality took place did not happen at all.

It is regrettable that the author's summary of Freud's theory in the beginning of his paper is not very clear and not entirely correct.

BERNHARD BERLINER

Psychoanalysis and Dialectic. Ludwig Jekels. *Psa. Rev.*, XXVIII, 1941, pp. 228-253.

The first part of Jekels' paper is a demonstration with the use of case material of the thesis that basic freudian concepts are absolutely necessary for an understanding of what goes on in patients, that Horney's rejection of these concepts offers nothing new or valuable, and that her revisions of theory are incorrect.

The second part of the paper deals with the methodological approach to Horney's 'sociological outlook'. Jekels propounds a syllogism more or less as follows: Horney's philosophical basis is dialectical materialism; dialectical materialism is an unscientific approach to psychoanalytic problems; therefore, Horney is wrong. The two premises of this syllogism are of very dubious substance and accuracy; the conclusion is correct, but for sounder reasons than those given by Jekels.

NORMAN REIDER



Deflection of Energy, as a Result of Birth Trauma, and Its Bearing upon Character Formation. Grace W. Pailthorpe. *Psa. Rev.*, XXVIII, 1941, pp. 305-326.

Preliminary Study of the Psychic Life of the Fœtus and the Primary Germ. J. Sadger. *Psa. Rev.*, XXVIII, 1941, pp. 327-358.

These two papers have, in general, the same point of view and may be considered together.

Pailthorpe reports the case of a young man whose character disturbances and symptoms were 'cured' by an analysis of the traumatic events immediately preceding and during birth and of the first period of infancy. For example the patient suffered from an inability to expend his full strength in physical or mental work or in any aggressive activity. This is explained as a direct consequence of experiences during birth. It is assumed that the ideas of 'punishment', 'attack', 'exhaustion', etc., had to some degree the same conceptual and psychological significance for the infant (and fœtus) that they have for the child and adult.

Sadger reports a wealth of material relating to the feelings and reactions of the embryo and fetus, eventually getting back to the feelings of the spermatozoon and ovum. He describes at length his patients' productions regarding the attitude of the parents during conception, the effect of this on the feelings of the spermatozoon and ovum, and the patients' convictions that these experiences were of decisive importance in determining their childhood and adult character and behavior. He states that when he first began to hear this material, he believed that it must come from childhood fantasies projected backward; but as the material continued and he noted that therapeutic results were often not obtained until this 'very deep' material had appeared, he came to believe more and more in the importance of the embryonal experiences from a psychological point of view.

The comment of one of Sadger's patients, given in a footnote at the end of the paper seems appropriate here.

'That which really causes the illness did not lie at all in that primitive period, or one would never actually free oneself from it by bringing to light anything from there. The real occurrences lie between the second and fourth year and only fantasies are formed then as to the period of spermatozoon and embryo. The affects as well as the later events are, however, attached to these fantasies. The cure does not consist in discovery of the actual experiences but of the fantasies, however or whenever created about them, and above all in revealing the connection between spermatozoon, fantasies, and the actual occurrences.'

Most analysts will agree with Sadger's patient (whose comment applies equally well to Pailthorpe's paper) and probably the majority will deprecate giving so much space to this kind of speculation. They will feel that the point of view taken by Greenacre<sup>1</sup> is representative of the careful scientific attitude they wish to see encouraged.

GILES THOMAS

<sup>1</sup> Greenacre, Phyllis: *The Predisposition to Anxiety*. This *QUARTERLY*, X, 1941, p. 66.



**Psychoanalytical Views on Intelligence.** Edward Podolsky. *Psa. Rev.*, XXVIII, 1941, pp. 359-362.

Intelligence is 'the capacity for acquiring, absorbing and using knowledge of reality', and its measure would be 'the ability to carry out the process of identification and absorption in reference to persons and things in the outer world'. Without direct mention of the psychoanalytic studies of intelligence defects, such as on pseudodebility (Landauer, Bornstein, Federn), mental arrest is called a failure to apply instinctual energy to these processes. When, however, the author states that 'psychoanalysis divides intelligence in two categories: the introvert and extravert type of thinking', he must mean the school of Jung and hence follows a summarizing diagram of the supposedly static 'types' regarding thinking and speed of reaction. A third category is added, that of compulsive thinking, an escape from conflict by way of a de-emotionalization process and suggestive of dementia præcox. The only clinical reference is to the dictators, who would be 'compulsive thinkers and doers, which gives an idea of the menace of this particular type of intelligence'. The article proves the correctness of the author's statement that 'to define intelligence in terms satisfactory to everyone, is no easy matter'.

CAREL VAN DER HEIDE

**Really New Education for Social Living.** Theodore Schroeder. *Psa. Rev.*, XXVIII, 1941, pp. 363-371.

The author deplors the psychological ignorance of educators who teach 'social living' and the miscalled 'social sciences'. Because of unreconciled childish impulses almost everyone suffers from a 'split personality'. Religio-moralistic sentimentalism and antiscientific methods for promoting social progress among our moralists and educators are held responsible.

The future social scientist and educator must become conscious of former unconscious conditions which controlled his own past choices. His educational aim must be directed at accelerating the natural processes of psychosexual maturing and psychosocial evolution.

The author gives an elaborate and incomprehensive classification of 'various subjective factors' influencing psychological maturing from the prenatal stage to old age and death.

MARGRIT MUNK

**Some Shakespearean Characters in the Light of Present-Day Psychologies.** I. S. Wile. *Psychiatric Quarterly*, XVI, 1942, pp. 62-90.

The author attempts to analyze some of the Shakespearean characters in the light of 'accepted' present-day psychologies. Thus he tries to interpret Hamlet according to Freud, the *Midsummer's Night Dream* and *The Tempest* according to Jung's collective unconscious, Richard the Third according to Adler's doctrines, and King Henry the Eighth according to the gestalt principle. The material is deftly handled but is superficial, especially the freudian analysis. The author chose his material wisely since it would have been much



more difficult for him to interpret Hamlet according to the Adlerian doctrines, or King Henry the Eighth according to Jung's theories. There is no bibliography nor are there references to previous psychoanalytic works on this subject.

RALPH R. GREENSON

**Folie à Deux—The Psychosis of Association.** Alexander Gralnick. *Psychiatric Quarterly*, XVI, 1942, pp. 230-263.

The history of the term *folie à deux* is discussed and a definition offered: 'a psychiatric entity characterized by the transference of delusional ideas and/or abnormal behavior from one person to one or more others who have been in close association with the primarily affected patient'. Classification of the entity into one of the four types, 'imposed', 'simultaneous', 'communicated', 'induced', is urged in the hope that understanding of the disease may thus be enlarged. Among the factors most generally observed, close association is described as universal and suggests to the author the synonym 'psychosis of association' for *folie à deux*. The factor of dominance-submission, which has always received a good deal of attention, is also discussed and it is suggested that when this factor is not obvious 'the person who does the identifying may be considered submissive . . . unconsciously'. The factors 'relationship', 'pre-psychotic personality', 'sex and age', 'type of delusion' and 'homosexuality' are also considered.

As to etiology, the author favors identification, as described by Oberndorf and Deutsch, over the statistically supported arguments pointing towards heredity as the major determinant. The difficulty of distinguishing between heredity and environment is clearly stated. This fact and the fact that the 'family-situation' is one most favorable for the development of identification phenomena, strongly support the identification theory. Imitation and sympathy are considered of etiological significance, particularly 'suggestion . . . by intermental action and by unconscious imitation'.

'All the reportable cases in the English literature' are reviewed in tabular form. The total number comes to one hundred and three, which includes seven cases observed by the author. Cases involving sisters come to almost forty percent of the total. Husband-wife and mother-child combinations are the next most frequent with about twenty-five percent each. About half the cases are diagnosed dementia præcox, paranoid and about three-quarters are characterized by delusions of persecution. Hallucinations are absent in almost half the cases.

The author explains the high incidence of the disease among women on the basis that in our culture the woman 'is not only dominated, but she is forced to associate with her own sex within the family group because of her restricted opportunities'. Strong identifications are more readily established under these conditions. Similarly, 'the mechanism of identification which stems from specific attitudes and strivings in interpersonal relations, may readily explain the large number of husband-wife combinations'.

There is a bibliography of seventy-six titles.

WILLIAM G. BARRETT



**Deeper Levels of Regression.** G. S. Sprague. *Psychiatric Quarterly*, XVI, 1942, pp. 272-280.

The author stresses the importance of the muscular system in the development of early ego functions. By producing motion, the muscles contribute to the differentiation of self from non-self; by movement, the infant is able to discover gratifications and disappointments; by coördination, skill is developed which brings a sense of power. Sprague also emphasizes the smooth muscles of the larynx and their importance for speech. He points out that the striped muscles always remain personalized, while the smooth may become impersonalized and externalized. In regression all phases, the development of muscular sensitivity and activity are of importance. There are no references to the psychoanalytic literature on this subject.

RALPH R. GREENSON

**The Problem of Psychogenic Precipitation in Schizophrenia.** Otto Kant. *Psychiatric Quarterly*, XVI, 1942, pp. 341-350.

According to the author a clearly recognizable psychogenic precipitation of a psychotic episode may generally be regarded as prognostically favorable. But there are also schizophrenias ending in complete deterioration in which psychogenic factors seem to have had their part. Kant therefore raises the question whether there exist any qualitative differences between the precipitating factors in benign and malign cases. Kant found that the types of psychogenic factors involved showed distinct qualitative differences in recovered and in deteriorated cases. While 'overstrain' and externally precipitated conflict situations predominated in the recovered group, endogenous conflicts, traumatic events, experiences of a 'symbolic significance', and sudden loss of rapport were more characteristic of the deteriorated group.

GEORGE GEROE

**Factors in Psychoanalytic Therapy.** C. P. Oberndorf. *Amer. J. of Psychiatry*, XCVIII, 1942, pp. 750-756.

The author cursorily discusses the problem of which factors are effective in the curing process of psychoanalysis. He classes psychoanalysis as a 'direct psychotherapy' with persuasion (Du Bois), reasoning (Riggs) and individual psychology (Adler). In contradistinction to 'indirect psychotherapy' (occupation, recreation therapy, psychodramatics, hypnosis, shock treatment) which appeal to the emotional needs of the patients, direct psychotherapy is, according to Oberndorf, primarily intellectual in its approach, tracing the development of attitudes from instinctual urges formed in early infancy.

The author complains that this intellectual appreciation of the psychological factors involved in the causation and development of abnormal psychological trends is often woefully insufficient to change them, since such intellectual insight may be kept apart from the personality in a way similar to that of the lack of penetration of the intellectual processes in a manic personality. A depressed patient complained, 'When you are sick you don't accept



what the analyst says'. A successfully cured patient of Oberndorf did not appreciate the gain of intellectual insight as a healing factor: 'Psychoanalysis is all bunk, but you are a good doctor'.

Certain types of obsessional patients, particularly those in whom intellectual processes have gained a certain godlike or superego-like evaluation, may play the game of intellectual understanding of psychological mechanisms with their analyst for a long time without any change of personality. Oberndorf regrets that 'such a relatively pure form of intellectual psychotherapy—as psychoanalysis—cannot be regarded as truly scientific. We cannot eliminate entirely the possibility of suggestion which is the elusive basis of all indirect psychotherapy.'

Oberndorf does not distinguish between psychoanalytic science and the application of this science to the curing process, which can never consist in a mere communication of scientific knowledge, but represents a highly emotionally charged relation between a patient and a doctor determined by the dynamics of transference and resistance. Oberndorf's criticisms are justified in relation to the shortcomings of psychoanalysts who, in an overvaluation of intellectual processes, neglect to tackle the resistances that isolate intellectual insight from the emotional experience of the personality. Admittedly this isolating resistance is frequently very hard to change. Overemphasis of the intellectual part of the cure may indicate a resistance on the part of the analyst, a lack of simplicity in the human relation and of honesty towards what is emotionally happening between patient and analyst. Oberndorf recognizes that 'the role of an almighty wise god is by no means unflattering and unwelcome to some doctors in a cultural environment which so exalts intellectuality. . . .' Psychoanalysis is an antidote against this intellectual aloofness and Oberndorf's criticisms may hit the shortcomings of some analysts, but not psychoanalysis.

EDITH WEIGERT

Galileo and Freud. Foster Kennedy. *Amer. J. of Psychiatry*, XCVIII, 1942, pp. 770-772.

In this address Kennedy draws a parallel between Galileo, whose three hundredth anniversary is celebrated in 1942, and Freud. Galileo dethroned man from his adopted seat in the middle of the universe; Freud's teachings tend to demote man in relation to himself. Both are the great liberators from ecclesiastical dogma and from subjectivistic philosophy which resisted the social demotion of man in relationship to the universe.

BERNHARD BERLINER

The Organization of a Psychiatric Service for a General Hospital. Lawrence S. Kubié. *Psychosomatic Med.*, IV, 1942, pp. 252-272.

The domain of psychiatry is coextensive with the domain of medicine. Ultimately this must mean that a high degree of training in psychiatry will be as essential to the future physician as was a training in anatomy to our medical ancestors. In the meantime, while psychiatry struggles to perfect its methods,



a type of partnership is necessary between psychiatry and all the rest of medicine which is unique. Psychiatry cannot play the rôle of a specialty among other specialties, because it must aim constantly to coördinate its work closely with all of the others. To achieve such a partnership an organization must be built up consisting of a series of psychiatric units, each of which is attached to one of the services in the hospital. The details of such an organization are described in this paper.

MARTIN GROTJAHN

**Note on Metrazol in General Paresis, A Psychosomatic Study.** Vivian Bishop Kenyon, David Rapaport and Milton Lozoff. *Psychiatry*, IV, 1941, pp. 165-176.

A survey of the literature on the psychosis of general paresis showed that even early observers felt that previous personality development played an important rôle in the make-up of this organic psychosis; that psychoanalytic literature stated that the content of delusions can be understood by means of psychoanalytic knowledge; that there is difference of opinion on the question as to whether the dementia or the regression is the essence of this psychosis; that it was rather generally agreed upon that luetic damage equals castration; that the conditions of reversibility of the psychosis are unclarified, as is the extent to which the dementia is psychogenic-marginal or organic-axial. The discussion of malarial treatment indicated that beyond the specific effect of this treatment there is probably another effect, comparable with that of febrile states in general, precipitating onset or remission of psychosis. The discussion of the effect of sodium amylal indicated that a paretic psychotic reacted to this drug in a fashion similar to that of functional psychotics.

The experimental use of metrazol in a group of sixteen paretics is reported. The results appear to confirm the inference from the effect of sodium amylal that in at least some cases of paresis the psychosis can be reversed to varying degree by the same measures used in the treatment of the functional psychoses. The use of drugs and psychological tests is suggested as a method for psychosomatic research.

MARTIN GROTJAHN

**Military Psychiatry.** Patrick S. Madigan. *Psychiatry*, IV, 1941, pp. 225-229.

The most important function of psychiatrists to the Advisory Board and induction centers is to keep in mind that the army is one of the elements of national defense and its present mission is one of preparation for an offensive-defensive type of warfare. It is in no sense a social service or curative agency. It is neither to be considered a haven of rest for the wanderer or shiftless, nor a corrective school for the misfits, the n'er-do-wells, the feeble-minded, or the chronic offender. Furthermore, it is neither a gymnasium for the training and development of the undernourished or underdeveloped, nor is it a psychiatric clinic for the proper adjustment to adult emotional development. Therefore, there is no place within the army for the physical or mental weakling, the



potential or prepsychotic, or the behavior problem. If a person is a behavior problem in the civilian community, he will most certainly become a more intensified problem in the service.

MARTIN GROTJAHN

**Selective Service Psychiatry.** Lauren Howe Smith. *Psychiatry*, IV, 1941, pp. 241-249.

A few, or many, signs of vasomotor instability, emotional tension, and transitory or chronic organic dysfunction may be shown by a man without it necessarily following that he would be unable to adjust to camp or army life. These findings only show us that such a man should be carefully studied. Information as to how he handles these symptoms or reactions—what his attitudes may be toward them—is more important at times than are the findings themselves. We must make up our mind as to a man's capacity to adjust in the presence or absence of signs and symptoms of this character, judging him more from his past history, his adjustment in his everyday life, and his general capacity to maintain what seems to have been characteristic of him in the past.

MARTIN GROTJAHN

**Selective Service System. A Seminar on Practical Psychiatric Diagnosis.** *Psychiatry*, IV, 1941, pp. 265-283.

After a description of the organization in the Selective Service System, Dr. Harry Stack Sullivan discusses the diagnostic procedure of a psychiatric examination which cannot last longer than fifteen minutes at the most. This outline is most brilliant, clear, stimulating, and encouraging, insofar as Sullivan shows how much a psychiatrist may be able to see—or may learn to see—if he watches his patient in every move and grasps the inner meaning of it. Special mention is given to the problem of mental health and community morale which arise from the rejection of the 'mentally unfit'.

MARTIN GROTJAHN

**Recreation and Morale: A Subjective Symposium.** *Bulletin of the Menninger Clinic*, VI, 1942, pp. 65-102.

This entire issue of the Menninger Bulletin consists of short papers written by members of the Menninger Clinic staff about their hobbies. This experiment was carried out because it was felt that morale is improved by recreation and that some insight into this sphere might be useful at this time. Some tentative conclusions are drawn in the last paper written by Karl and Jeanetta Menninger. They point out that play serves the important purpose of providing an outlet for impulses which have to be restricted in work. The freedom to make choices is available to a greater extent in play. This freedom is only on the surface since unconscious factors also operate here, an aspect which will be developed in a later issue. The psychiatrist as a parental figure in society should sanction recreation and thus lighten the burden of guilt most people carry in regard to play.

RALPH R. GREENSON

**The Dragon and the Hero.** Géza Róheim. *Amer. Imago*, I, 1940, No. 2, pp. 40-69; No. 3, pp. 61-94.

It is impossible to condense Róheim's paper. Some sixty pages in length, crammed with hundreds of illustrations, references and data gathered from every conceivable source, it represents a prodigious piece of work. The reader is rather overwhelmed by the weight of the material, which somewhat clouds the clarity of Róheim's deductions.

Mankind has always repeated the same myths, that is, the basic themes have remained fairly constant while their elaboration has undergone many transformations. The original themes find their source in unconscious wishes and fears, while the superstructure undergoes distortions similar to dream distortions, i.e., projection, displacement, symbolism. Furthermore, the myth matures with time and eventually progresses from pregenital to genital levels.

The Dragon represents the mother or father or the combined parent, i.e., the primal scene. The Hero and the Dragon is derived from the situation of the hungry child who is frustrated by its mother. The frustrated infant reacts with body destruction fantasies which are then projected onto the mother, who becomes the devouring monster. In the Hero *In* the Dragon myths it is not the child who wishes to kill the monster by descending into the belly, but it is the monster who swallows the children. Instead of the child who wishes to cut out all his rivals from the mother's body, the Hero appears as a life-giver who rescues those previously killed by the Dragon.

The Gorgon or Medusa is a more genitalized representative of the Dragon. Here body destruction fears are replaced by castration fears. The Gorgon's head is a vagina which if touched causes petrification, i.e., erection. The Gorgon and Sphinx may represent the primal scene: therefore they are also connected with the Evil Eye myths.

Róheim was able to obtain these interesting analytic data from the tremendous amount of material he studied. It is regrettable that poor organization should so limit its value.

RALPH R. GREENSON

**The Myth of the Corpse in the Car.** Marie Bonaparte. *Amer. Imago*, II, 1941, pp. 105-126.

Since Munich numerous stories have been circulating in France and other countries, the gist of which is that a motorist, usually an individual under mobilization, is told that 'the war would be over—Hitler dead—as true as the corpse of a man would be found in his car before arrival at the destination'. In this way the story of 'the corpse in the car' became a collective myth. It expresses an intensely wished for event, the realization of which is guaranteed by a death which has been foretold together with the event: 'Hitler, the enemy will perish, like the passenger in the car'.

War and its sufferings and dangers restimulate an old belief that in order to receive benefits, a sacrifice must be made. The return in the myth of a human victim to be offered as a propitiation of destiny, Bonaparte attributes



to the result of a powerful regression. Due to the repression of our primeval aggression, the sacrificer remains obscure; the victim, either a soldier who goes to war or an injured person (both are of sacred character) is killed by destiny. The soldier around whom the story evolves and who is about to go to war (sacrifice) offers something in his place: the corpse who is his double.

One element is constant in all the versions of this modern myth: the automobile is as well the place and the instrument of the sacrifice. Since the car represents a sexual symbol and the victim invariably is a man, the author advances the belief that the *œdipus* complex has an indirect influence on this modern myth. The sacrifice could be understood as a propitiatory act (end of war) as well as an expiation of a crime (*œdipus* parricide). The victim thus pays the price for redemption of the motorist, the nation. The national enemy who unconsciously represents the father of *Œdipus* is projected outside of the frontier. 'Hitler has been killed and the sons who have taken up arms against him now can enjoy their native land, the exalted mother.'

MARGRIT MUNK

**Perversions as Neuroses (The Paraphiliac Neuroses). Their Relation to Psychopathy and Criminality.** Ben Karpman. *J. of Criminal Psychopathology*, III, 1941, pp 180-199.

The present paper deals with the group of paraphilias (perversions) and the resulting sexual offenses. The author attempts to show that 'these reactions, rather than being psychopathic, are essentially psychogenic in their nature, their symptomatology and etiology being traceable to unconscious emotional factors, while the antisocial character of their behavior giving it a psychopathic façade, is entirely incidental and secondary, and is also predicated on psychogenic situations.'

Summing up a longer discussion about the relation of perversions to neuroses, the author states that paraphilias and neuroses are basically the same, both representing arrested psychosexual development.

This thesis is demonstrated by the presentation of three cases, two of which are sex offenders, and the third, a hysteric, who had only technically escaped arrest for sex offenses.

The author makes a plea for the recognition and treatment of paraphilias as neuroses rather than psychopathies, for the recognition of the criminality in the case of sex offenders as being merely a neurotic symptom.

Karpman is justified in making this plea to psychiatrists of prisons and psychiatric hospitals. Psychoanalysts will find no quarrel with it. The reviewer cannot agree, however, with the author's division of psychopathic states into 'idiopathic' and 'symptomatic' types and his distinction between a 'psychopathic' and 'psychogenic' etiology.

It seems likely that with more knowledge of the interpersonal relationships the idiopathic cases, too, would probably be found to be 'essentially psychogenic' in etiology. For the reviewer it is very difficult to grasp the concept of an idiopathic group or to understand psychopathy other than as a result of faulty development of interpersonal relationships.

DORA FISHBACK

**Aggressive Stealing.** P. Lionel Goitein. *J. of Criminal Psychopathology*, III, 1941, pp. 200-212.

This case study is of a boy, aged twenty-two, who stole a hundred and fifty dollars from his employer, his first offense to which he pleaded guilty. The motive given for the crime was boredom and desire to escape from home.

The author's diagnosis is 'a repetition compulsion mechanism in an anal-erotic of obsessional character with paranoid undercurrents'. The patient has a childhood history of severe retardation in libido development. At thirteen he began to show severe compulsion neurotic symptoms. He is incapable of a real object relationship and is blocked in his feelings. His act of stealing seems to be the expression of his œdipal conflict which is of a sadistic nature.

Analytical psychotherapy is applied but the prognosis remains questionable.

MARGRIT MUNK

**The Potential Prostitute.** P. Lionel Goitein. *J. of Criminal Psychopathology*, III, 1942, pp. 359-367.

This is a condensed, fragmented presentation with representative dreams, of a case still in analysis, one of three young women under study who are suffering with the triad of promiscuity drives, strong mother attachment, and anorexia.

While the symptom of anorexia is usually described as a defense against pregnancy by incorporation (and this is also seen in the present case), Goitein draws attention to another possible unconscious motive, defense against prostitution wishes, i.e., against hunger for the 'sweets' of love. Sexual hunger is denied, displaced to the oral sphere and resisted by anorexia, which thus preserves her dependence on her mother (the basis of her passive homosexuality) and permits the release of aggression toward men in prostitution fantasies. In the present case the thirst for men is satisfied, in a typical neurotic compromise, by dipsomania.

DORA FISHBACK

**Toward a Social Psychology of Human Play.** Steuart Henderson Britt and Sidney Q. Janus. *J. of Social Psychology*, XIII, 1941, pp. 351-384.

The purpose of this study by Britt and Janus is '(a) to examine the theoretical considerations of play, (b) to evaluate some representative empirical studies, and (c) to suggest some problems for further investigation'. There is no attempt by the authors to present a rigid definition of play, 'instead, they have included representative studies of what various investigators have called play, and have made no sharp distinction between play, games and amusements'.

Five theoretical considerations of play were found:

(1) The biological, which considers play the result of 'surplus energy' or 'the resulting activity of unused muscles', but omits any explanation of the form taken by play or of where surplus energy arises.

(2) The psychobiological, which seeks the real essence of play in instincts



either as a sort of recapitulation of the history of the race because of many resemblances between children's play and the customs of primitive men, or as a preparation for future adult activities. 'Play is the agency employed to develop crude powers and prepare them for life's uses' (Groos).

(3) The psychological: Under this heading the authors have grouped those studies which appear to be primarily descriptive of various aspects of play and the attempts to discover the stimuli which effect it and investigate its functional meaning for the child. In many instances the main question appeared to be whether or not it was an instinct or 'the interaction of organism and environment that develops a certain activity which has been termed play' (Langfeld).

(4) The sociological, which stresses the inadequacy of studying play 'apart from the stimulus of the crowd'.

(5) The clinical, in which the psychiatric and psychoanalytic viewpoint are presented.

The authors review studies which are typical of five methods of study: observation, questionnaire, playquiz (modified questionnaire), experimental studies and clinical (psychiatric) studies. They discuss the advantages and disadvantages of each and suggest nineteen problems for further investigation. Among these, questions concerning the relation of play to environmental factors predominate. No doubt this is in part due to the fact that the authors are particularly interested in the sociological viewpoint, but it also signifies the lack of attention in this direction in studies which were made up to this time.

Psychoanalysis has already made important observations concerning one problem suggested by the authors, which have not as yet been recorded in a paper devoted specifically to that question, namely, 'Is there any evidence for the canalization of drive with respect to play, that is, do certain "drives" lead to related forms of play?'

A survey such as this serves to point out the many approaches to a single topic but perhaps its outstanding result is to bring home the realization of how few authors made any attempt to observe the caution wisely prescribed by Margaret Lowenfeld, 'Play in children is the expression of the child's relation to the whole life, and no theory of play is possible which is not also a theory which will cover the whole of a child's relation to life'.

MARJORIE R. LEONARD

**A Preliminary Note on the Emotional Significance of Stereotypies in Schizophrenics.**  
Frieda Fromm-Reichmann. *Bulletin of the Forest Sanitarium*, I, 1942,  
No. 1.

Fromm-Reichmann sees in the stereotypies, which have not yet been extensively investigated psychoanalytically, a compromise between a tendency to express certain (mostly tender) object impulses, and the tendency to suppress these impulses because of a fear of rebuff. She puts less stress on the disintegration of the personality which turns the full expression of affects into the allusion of stereotypies, than on the wish of the patient 'to remain cryptic and ambiguous for defensive reasons'.

OTTO FENICHEL

**Effects of Frustration.** Symposium at the Meeting of the Eastern Psychological Association at Atlantic City, April 5, 1940. *Psychological Rev.*, XLVIII, 1941, pp. 337-366.

- (1) Neal E. Miller (with the collaboration of Robert R. Sears, O. H. Mowrer, Leonard W. Doob and John Dollard).

**The Frustration-Aggression Hypothesis.**

The Frustration-Aggression Hypothesis referred to in this symposium was presented 1939 in the book of J. Dollard, L. W. Doob, N. E. Miller, O. H. Mowrer and R. R. Sears: *Frustration and Aggression*. One of the statements reads, 'that the occurrence of aggression always presupposes the existence of frustration and contrariwise, that the existence of frustration always leads to some form of aggression'. Miller rephrases the second half of this statement as, 'frustration produces instigations to a number of different types of responses, one of which is an instigation to some form of aggression'. The instigation does not imply the actual occurrence of aggression, which may be inhibited.

- (2) Robert R. Sears.

**Non-Aggressive Reactions to Frustration.**

Sears briefly surveys various nonaggressive reactions, analyzing them in terms of instigation, instrumental acts, goal responses. He stresses two problems of immediate significance from a research standpoint: (1) the problem of discovering the total repertory of frustration reactions available to any individual. (2) The determination of the specific factors which cause one kind of frustration reaction rather than another. 'Surprisingly few hypotheses have been suggested by psychoanalytic researchers.' The little material produced by experimenters is reviewed.

- (3) Saul Rosenzweig.

**Need-Persistent and Ego-Defensive Reactions to Frustration, as Demonstrated by an Experiment on Repression.**

The author distinguishes two types of reactions to frustration. The first—'need-persistent'—serves to fulfil the frustrated need in spite of momentary obstructions. The other—'ego-defensive'—serves to protect the integration of the personality if and when the latter is threatened by the frustrating situation. The relationship of this distinction to psychoanalytic concepts is obvious and is clearly discussed by the author. The difference between the two types is demonstrated by reporting an experiment designed to investigate the psychoanalytic concept of repression. Two groups of subjects were given a series of jig-saw picture-puzzles to solve. To one of the groups the puzzles were presented informally, for the ostensible purpose of helping the experimenter classify the problems for future use. The other group was given the same puzzles to solve but as an intelligence test. In both cases the subjects were permitted to finish half of the puzzles but were stopped midway in each of the remaining half. They were then asked to name the



puzzles which they had attempted. The hypothesis of the experiment was that under the informal conditions the unfinished tasks would be better recalled than the finished ones, because 'need-persistent' reactions alone would be operative and would make for the easier recall of tasks with which undischarged tension was associated. Conversely, subjects in the formal group were expected to recall finished tasks more frequently, the assumption being that with the arousal of pride and accompanying 'ego-defense' in case of failure, the individual's needs for inviolacy would take precedence over the task tension making for the recall of the unfinished tasks. The experimental results substantiated the hypothesis.

(4) Gregory Bateson.

**The Frustration-Aggression Hypothesis and Culture.**

The author considers the hypothesis as essentially a statement about series of cultural behaviors in interpersonal contents. He tries it out by applying it to two strange cultures. (1) The Iatmul of New Guinea: the thesis fits them perfectly, but the Iatmul have added one wrinkle: they have invested aggression with pleasure. (2) The Balinese: the thesis can be applied by and large to the children although it cannot clearly, at least not often, be applied to the adults. They do not see life, as we ourselves and the Iatmul do, as divided into sequences of neutral or unpleasant conative acts ending in satisfactions. Thus the contexts in which we might look for the thesis can hardly be said to occur in Bali. How are the children modified so as to render them 'unfrustratable'? In the Balinese mother-child relationship the child is driven not to expect or look for climax in his acts but to take his pleasure in preliminary steps with no defined goal.

(5) David M. Levy.

**The Hostile Act.**

Levy objects to the generalization that aggression arises as a result of any frustrating experiences. He refers to experiments concerning the sucking behavior of dogs and the pecking behavior of chickens, where no evidence appeared that frustration increases aggression. In regard to sibling rivalry the aggression response is typical, although not without exception. The hostile act against the baby, represented by a doll, was studied in an experiment with one hundred children, aged three to thirteen. The hostile act is conceived of as a social process, a dynamic unit of behavior, with various influences brought to bear upon it in every phase. In the completed primitive performance of the hostile act the child attacks the baby doll and destroys it by biting it, tearing it with his fingers or crushing it with his feet. Deviations from this pattern can be described in terms of inhibition, qualifying the phase of the act at which the inhibition occurs. For instance, inhibition before the impulse is felt: repression, superego injunction; when the impulse is felt: blocking; when the act goes into execution: displacement, reduction in gesture, incompleteness; when the act is ended: self-justification, self-retaliatory behavior. From this result Levy derives a

reconciliation of Freud's two theories of anxiety (Chapter IV of *The Problem of Anxiety*). 'In the . . . phobias, (the anxiety) emanates when the impulse to act occurs. In the situation of frustrated sexual behavior the inhibition occurs at the close of the act. . . . Hence anxiety may arise during the act at any phase and the rule that it arises from the inhibition . . . may still be maintained.'

(6) George W. Hartmann.

**Frustration Phenomena in the Social and Political Sphere.**

More consideration ought to be given to the manner in which different cultures make provision for accommodating themselves to the postfrustration behavior of 'balked' individuals or for adjusting these persons to their unsatisfying state.

(7) A. H. Maslow.

**Deprivation, Threat and Frustration.**

Maslow stresses the important distinction between a deprivation which is unimportant to the organism (easily substituted for, with few serious after-effects) and a deprivation which is a threat to the personality, that is, to the life goals of the individual, to his defensive system, to his self-esteem or to his feeling of security. Only a threatening deprivation has the multitude of effects (usually undesirable) which are commonly attributed to frustration in general.

SIEGFRIED BERNFELD

**The End of Reason.** Max Horkheimer. *Studies in Philosophy and Social Science*, IX, 1941, pp. 316-389.

The part played by reason in society has fundamentally changed. 'Reason, in destroying conceptional fetishes, ultimately destroyed itself.' 'None of the categories of rationalism has survived.' The consequences and causes of this fact are investigated by Horkheimer. The consequences are seen in various fatal disintegrating changes in cultural achievements, especially in the annulment of all individual autonomy in 'mass culture'. The causes are to be seen in changes in the realm of the material basis of society. The reviewer had the impression that Horkheimer overstates technology, machine age, common production and the fact that the grandeur of the big machines turns the human being into a dwarf, instead of emphasizing the use which is made of technology, machine age, and common production under the present conditions of accumulation, distribution, and consumption.

OTTO FENICHEL

**Clinical Notes on the Analysis of a War Neurosis.** Charles Berg. *Brit. J. of Med. Psychology*, XIX, 1942, pp. 155-185.

No attempt will be made to offer an abstract of this article. Rather, the reader is urged to read the article in its entirety since it presents in detail the analytical findings on a patient suffering from a war neurosis. The neurosis is



described, the illness is traced to its early foundations, the transference resistance is reported, the positive transference relation is described, and the psychopathology is discussed—all in terms, as much as possible, of verbatim material.

MILTON H. ERICKSON

**National Character.** M. Ginsberg. *Brit. J. of Psychology*, XXXII, 1942, pp. 183-205.

Ginsberg states that the study of national character should be approached through the qualities manifested in the collective life of nations, their traditions and public policy. He warns us that the national character is not something irrevocably given, but is something always in the making, molding and being molded by the circumstances in which nations find themselves. Getting down to particulars, Ginsberg gives as the two universally acknowledged characteristics of English mentality, its empiricism and its individualism. The former trait is expressed in its international and internal policy and in the history of the Church of England.

The individualism of the English is best seen in the spirit of English law, with its stress on the liberty of the individual, its impatience with compulsion, and its practical understanding of the needs of others. Along with this goes a tolerance of divergent views and considerateness shown to opponents.

The Germans likewise are characterized by individualism, but it differs from that of the English in that it is not accompanied or balanced by the capacity for spontaneous organization but requires organization based on subordination. Germans have strength of will but their minds lack concreteness. They are moved by large but vague and fanciful ends, and they lack a sense of proportion. Lacking in the power of spontaneous organization which in the case of the English provides a balance to the forces of individualism, the Germans have been able to achieve such unity as they have by authoritarian discipline. Persisting through many historic changes are their vague and cloudy aspirations and their admiration for the demonic and heroic. Even their work capacity, their thoroughness and their interest in system, are rooted in their imaginative longing for grandiose architectural schemes. Müller-Freienfels solves the problem of the inconsistencies of German character by the mechanism of compensation and overcompensation. Afraid of the anarchy which his individualism would produce, the German accepts strong leadership; fearful of the conflicts his indefinite strivings generate, he has recourse to minute regulation of group life; aware of the dangers of his speculative fancy, he insists on exact methods and painstaking investigation; to keep his feelings in check, he cultivates hardness and reserve.

The author considers in detail the error inherent in attempts to explain national differences on a basis of blood and race and stresses the importance of the total history of a nation. Especially good is his insistence on the dynamic and reciprocal relation between a people and their institutions, each molding and being molded by the other.

EMANUEL KLEIN

## NOTES

The following are to be added to the list of members of the AMERICAN PSYCHOANALYTIC ASSOCIATION now serving in the armed forces of the United States of America:

Bernard Kamm (Chicago)  
Norman A. Levy (Chicago)  
Lauren H. Smith (Philadelphia)

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The CHICAGO PSYCHOANALYTIC SOCIETY held eight scientific meetings during the past year. On October 2, 1942, Dr. Edoardo Weiss read a paper entitled, Attitude of the Analyst Toward Different External Problems of the Patient. On November 6, 1942, Dr. Elisabeth Geleerd read a paper entitled, A Case of Compulsive Masturbation in a Child, an analysis supervised by Anna Freud. On January 23, 1943, Dr. Heinz Hartmann presented a paper entitled, Psychoanalysis and the Problem of Rational Behavior. On February 6, 1943, Dr. Herman Bettelheim presented a paper entitled, Individual and Mass Behavior in an Extreme Situation. On March 20, 1943, Dr. Jules Masserman presented a paper entitled, Psychodynamics of Wartime Communications and Morale. On April 23, 1943, Drs. Adelaide Johnson and Dora Fishback presented a paper entitled, Collaborative Psychoanalysis of a Very Disturbed Adolescent Girl and Her Mother. On June 11, 1943, Dr. Edoardo Weiss presented a paper entitled, Clinical Aspects of Depression. On June 25, 1943, Dr. Minna Emch presented a paper entitled, On the Need to Know. At the annual business meeting held June 25, 1943, the officers were continued for another year.

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September 1943 program of the TOPEKA PSYCHOANALYTIC SOCIETY: Scientific meeting: Dr. Gregory Zilboorg lectured on Schizophrenia. Case Seminar: Group Control conducted by Dr. Karl Menninger, Dr. Frederick J. Hacker, presenting.

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At the annual meeting of the ILLINOIS PSYCHIATRIC SOCIETY held May 22, 1943, the following officers were elected for the year 1943-1944: Dr. Clarence A. Neymann, President; Dr. Hugh T. Carmichael, Vice-President; Dr. Frances Hannett, Secretary-Treasurer; Dr. Francis J. Gerty, Councilor; Dr. Vladimir Urse, Councilor.

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The first annual meeting of the AMERICAN SOCIETY FOR RESEARCH IN PSYCHOSOMATIC PROBLEMS was held in Detroit at the Hotel Statler, May 9 to 11, 1943. At the business meeting the following officers were elected: Adolf Meyer, M.D., Honorary President; Tracy Putnam, M.D., President; Winfred Overholser, M.D., President-Elect; Edwin G. Zabriskie, M.D., Secretary-Treasurer.

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The AMERICAN-SOVIET MEDICAL SOCIETY has been founded to meet an increasing demand for information about the results and achievements of Soviet medicine.



Reports have reached this country of spectacular feats of surgery wrought by the Soviet medical corps all along the far-flung battle line, from Leningrad to the Caucasus. These contributions to medicine are the result of twenty-five years of untiring effort, during which the Soviet Union has built up an impressive system of public health and medicine. In hundreds of scientific research institutions behind the battle line, thousands of physicians and scientists are engaged in investigations. Yet the results are little known in this country, primarily because until now there has been no organization prepared to exchange medical information although the language in many cases has proved an almost insurmountable barrier. The American-Soviet Medical Society will fill this gap. Through meetings, the publication of a journal, and the establishment of a library of information, the Society will tell physicians of America and members of the allied professions on what problems their Soviet colleagues are working and what steps they are taking to solve them. On the other hand, the Society will send American medical books and periodicals to the Soviet Union in order to keep the Russians informed of scientific developments in this country and to stimulate closer cooperation between the medical corps of the two countries. After the war, as soon as conditions permit, the Society hopes to promote the exchange of students and scientists and to sponsor study tours in the two countries. The president of the Society is Dr. Walter B. Cannon, professor emeritus of physiology at Harvard University, member of the National Academy of Sciences of the United States and of the Academy of Sciences of the U.S.S.R. Dr. Henry E. Sigerist, director of the Institute of the History of Medicine, Johns Hopkins University, is the editor of the journal which will be known as the *AMERICAN REVIEW OF SOVIET MEDICINE*. The offices of the Society are at 130 West 46 Street, New York City.

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RUSSIAN WAR RELIEF, which is sending American medical textbooks to Russian schools training surgeons and doctors for the front lines, has issued a new appeal for contributions of medical literature. The appeal was in response to requests from the Russian Society for Cultural Relations with Foreign Countries. Russian officials point out that many Soviet schools of medicine were evacuated thousands of miles to Central Asia and the Urals from Kharkov, Kiev and other occupied cities. In most cases libraries had to be left behind. The Kiev Medical Institute, cited as one example, was moved to Chelyabinsk in the Urals, 1,300 miles away. The Kharkov Medical Institute, whose faculty and student body were evacuated as the Reichswehr battered at the city's gates, is now at Chkalov, on the Ural River. Many of the books sent from America to these and other medical schools were contributed by doctors and medical associations from all parts of the United States. They range in subject from child development to neuroses in war. Inquiries or gifts of medical books should be sent to Russian War Relief, Inc., 11 East 35 Street, New York 16, N. Y. A complete list of the books needed in the Soviet Union will be sent upon request. Donors may attach to their contributed books notes which will be forwarded to Russian medical libraries receiving the books.





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